2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 573485 1. Enbity Name						May 01, 2006 08:00 AM Secretary of State				
EL PIBE, I	INC.	_	-		7					
Principal Plac	e of Business	Mailing Address			-					
3263 N.W. 17TH AVE.		3263 N.W. 17TH AVE.								
MIAMI FL 3	3142 ·	" MIAMI FL 33142								
2. Principal P	lace of Business	3. Mailing Address		, • 			B(() B(B)/ B/4/4	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
Suite. Apt. #, etc.		Suite, Apt. #, atc.			1st MOORE CR2E034 (10/05)					
City & State		_ City & State		4. FEI Numb	59-1831247		<u></u>	pplied For ot Applicable		
Zip Country		Ζιρ	Zip Country		5. Certificate	e of Status Desired		\$8.75 Ad		
	6. Name and Address of Curre	ent Registered Agent			7. Name an	d Address of New R				
				Name						
LOPEZ, JULIAN 3263 N.W. 17TH AVE. MIAMI FL 33142				Street Address	(P.O. Box Number is Not Acceptable)					
				City				Zip Cot		
The above named entity submits this statement for the purpose of changing its				İ			FL	• {		
	named entity submits this statement ions of registered agent.	nt for the purpose of changing	its register	ea ankae ar registi	ered agent, or o	oth, in the State of Fic	maa. Iam	iamiliar with	, and accep	
SIGNATURE .							D. YE			
	Signature, typed or printed name of registered as		OTE Registere	d Agent signature requir	ed when reinstating)		DATE			
- After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550 k Payable to Florida Departmen	.00				9. Election Campa Trust Fund Con	-		.00 May 8: led to Fees	
10.		NO DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTOR	3S IN 11	
TITLE	PD	☐ Deleje	חת	E				☐ Change	Admir	
NAME EXPERT ADDRESS	LOPEZ, JULIAN			E LODDENS	U00000549133 05713706-80009-007-150 .00					
STREET ADDRESS CITY-SI-ZIP	3263 N.W. 17TH AVE. MIAMI FL 33142			-ST-ZIP		63/ 1/3/ (62 ~6		OF THE		
TIPLE	S	☐ Delete	HTL.	}				☐ Change	Addition	
NAMC STREET ADDRESS	LOPEZ, MARIA C 3263 N.W. 17TH AVE.		NAM STRI	EET ADERESS						
CITY-ST-ZIP	MIAMI FL 33142 .			-SI-AP						
TITLE		☐ Detete	filt	E				Change	Addition	
NAME STREET ADDRESS			NAM	E ADDRESS						
CITY+ST-ZIP				-SI-ZIP						
TITLE		☐ Delete	TITL	E				Change	Addin-	
NAME OTOTES ADDRESSOO	}		NAM	`						
STREET ADDRESS CITY ST-ITP				FET ADDRESS Y-ST-ZIP						
MILE		☐ Delete	m	E				☐ Change	Middle	
NAME			NAM	IE						
STREET ADDRESS				LES ADDRESS						
CITY ST-ZIP				- ST- ZIP				F) 2		
TITLE NAME		☐ Delete	1177. Nan	\$				Change		
STREET ADDRESS			1	ET ADDRESS						
CITY-ST-ZIP				- \$7- ZKP						
12. I hereby	certify that the information supplied ton this report or supplemental repo	with this tiling does not quality	ly for the e	xemptions contain	red in Section 1	19, Florida Statutes.	further cer	tily that the	information	
of the co	ron this report of supplies and rape reporation of the receiver or trustee of ed, or on an attachment with an add	empowered to execute this re	port as req	usred by Chapter	607, Florida State	ules; and that my nar	ne appears	in Block 10	or Block 11	

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