

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 582742

1. Entity Name
EL TESORO, INC.



Principal Place of Business
**8260 SW 39 ST.
MIAMI, FL 33155 US**

Mailing Address
**P.O. BOX 558182
MIAMI, FL 33255-8182 US**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1898342

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLANCO, PABLO
8260 SW 39 ST.
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BLANCO, EULALIO
8260 S.W. 39TH STREET
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BLANCO, LOIDA
P.O. BOX 558182
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BLANCO, JUANA
P.O. BOX 558182
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BLANCO, PABLO
P.O. BOX 558182
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000590684
01/18/07-80065-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

Eulalio Blanco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/07

Daytime Phone #