



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90025 011 ****61.25

DOCUMENT # 724625					
1. Entity Name EL VEDADO, INC.					
Principal Place of Business 237 S.W. 13TH ST APT. 100 MIAMI, FL 33130		Mailing Address 237 S.W. 13TH ST APT. 100 MIAMI, FL 33130		34040040 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number APPLICABLE FOR 59-1595759	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZELAYA, JOSE S 237 S.W. 13TH ST APT. 100 MIAMI, FL 33130				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELAYA, JOSE S		NAME	ZELAYA, JOSE S.	
STREET ADDRESS	237 S.W. 13 STREET, #409		STREET ADDRESS	237 SW 13 ST # 409	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V.P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECCACHE, SAULO N		NAME	MENOCAL GARCIA, LUIS	
STREET ADDRESS	237 SW 13 ST #405		STREET ADDRESS	237 SW 13 ST # 103	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUEROS, MANUEL A		NAME	MONTEVERDE, NATALIA	
STREET ADDRESS	237 S.W. 13TH STREET, #301		STREET ADDRESS	237 SW 13 ST # 401	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANIZT, MARIE		NAME	CABALLERA ELIAS	
STREET ADDRESS	237 SW 13TH ST #302		STREET ADDRESS	237 SW 13 ST # 206	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRAL, MIRIAN I		NAME	CUARTAS, CARLOS	
STREET ADDRESS	237 S.W. 13TH ST, #101		STREET ADDRESS	237 SW 13 ST # 203	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELVA, RINA E		NAME	TUEROS, MANUEL A	
STREET ADDRESS	237 S.W. 13TH ST, #309		STREET ADDRESS	237 SW 13 ST # 301	
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP	MIAMI, FL 33130	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, 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: <i>Manuel Tueros</i>				Date: 04/10/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	