
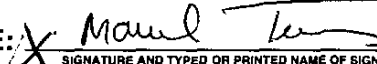


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 724625</b> 1. Entity Name <b>EL VEDADO, INC.</b>					
Principal Place of Business <b>237 S.W. 13TH ST APT. 100 MIAMI, FL 33130</b>			Mailing Address <b>237 S.W. 13TH ST APT. 100 MIAMI, FL 33130</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		01082004 Chg-NP		CR2E037 (10/03)	
4. FEI Number <b>59-1595759</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ZELAYA, JOSE S 237 S.W. 13TH ST APT. 100 MIAMI, FL 33130</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
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	<b>ZELAYA, JOSE S</b>		NAME	<b>ZELAYA, JOSE S.</b>	
STREET ADDRESS	<b>237 S.W. 13 STREET, #409</b>		STREET ADDRESS	<b>237 SW 13 ST # 409</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>		CITY-ST-ZIP	<b>MIAMI, FL 33130</b>	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V.P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DECCACHE, SAULO N</b>		NAME	<b>MENOCAL GARCIA, LUIS</b>	
STREET ADDRESS	<b>237 SW 13 ST #405</b>		STREET ADDRESS	<b>237 SW 13 ST # 103</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>		CITY-ST-ZIP	<b>MIAMI, FL 33130</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T.D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUEROS, MANUEL A</b>		NAME	<b>MONTEVERDE, NATALIA</b>	
STREET ADDRESS	<b>237 S.W. 13TH STREET, #301</b>		STREET ADDRESS	<b>237 SW 13 ST # 401</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>		CITY-ST-ZIP	<b>MIAMI, FL 33130</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PANIZT, MARIE</b>		NAME	<b>CABALLERA ELIAS</b>	
STREET ADDRESS	<b>237 SW 13TH ST #302</b>		STREET ADDRESS	<b>237 SW 13 ST # 206</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>		CITY-ST-ZIP	<b>MIAMI, FL 33130</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CABRAL, MIRIAN I</b>		NAME	<b>CUARTAS, CARLOS</b>	
STREET ADDRESS	<b>237 S.W. 13TH ST, #101</b>		STREET ADDRESS	<b>237 SW 13 ST # 203</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>		CITY-ST-ZIP	<b>MIAMI, FL 33130</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SELVA, RINA E</b>		NAME	<b>TUEROS, MANUEL A</b>	
STREET ADDRESS	<b>237 S.W. 13TH ST, #309</b>		STREET ADDRESS	<b>237 SW 13 ST # 301</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33130</b>		CITY-ST-ZIP	<b>MIAMI, FL 33130</b>	
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.					
<b>SIGNATURE:</b> 			<b>04/10/04</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		