


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90033 045 \*\*\*\*61.25

<b>DOCUMENT # 724625</b>			
1. Entity Name EL VEDADO, INC.		Principal Place of Business 237 S.W. 13TH ST APT. 100 MIAMI, FL 33130	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 237 S.W. 13TH ST APT. 100 MIAMI, FL 33130 Suite, Apt. #, etc. City & State Zip	
03242005 Chg-NP		CR2E037 (10/03)	
4. FEI Number 59-1595759		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent ZELAYA, JOSE S 237 S.W. 13TH ST APT. 100 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City, State, Zip Code: FL	
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 _____			
Filing Fee is \$61.25 Due by May 1, 2005		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 checked="" type="checkbox"/> Delete	NAME: ZELAYA, JOSE S	TITLE: PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: LUIS GARCIA-MENOCAL #103
STREET ADDRESS: 237 S.W. 13 STREET, #409	CITY-ST-ZIP: MIAMI, FL 33130	STREET ADDRESS: 237 SW 13 ST	CITY-ST-ZIP: MIAMI FL 33130
TITLE: V <input checked="" type="checkbox"/> Delete	NAME: MENOCAL GARCIA, LUIS	TITLE: VICE PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: MARIE PANITZ
STREET ADDRESS: 237 SW 13 ST # 103	CITY-ST-ZIP: MIAMI, FL 33130	STREET ADDRESS: 237 SW 13 ST	CITY-ST-ZIP: MIAMI FL 33130
TITLE: TD <input type="checkbox"/> Delete	NAME: MONTEVERDE, NATALIA	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 237 SW 13 ST # 401	CITY-ST-ZIP: MIAMI, FL 33130	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD <input type="checkbox"/> Delete	NAME: CABALLERA, ELIAS	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 237 SW 13 ST # 206	CITY-ST-ZIP: MIAMI, FL 33130	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V <input type="checkbox"/> Delete	NAME: CUARTAS, CARLOS	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 237 SW 13 ST # 203	CITY-ST-ZIP: MIAMI, FL 33130	STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V <input checked="" type="checkbox"/> Delete	NAME: SELVA, RINA E	TITLE: V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: EDUARDO ROMA #308
STREET ADDRESS: 237 SW 13 ST # 301	CITY-ST-ZIP: MIAMI, FL 33130	STREET ADDRESS: 237 SW 13 ST	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)(i), 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 information empowered.			
SIGNATURE: _____		03-24-05 305 8602937	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	