


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90216 040 \*\*\*\*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  Suite, Apt. #, etc.		3. Mailing Address <b>C/O USA SERVICES 6915 TAFT ST</b>			
City & State  Zip                      Country		City & State <b>HOLLYWOOD, FL</b> Zip                      Country <b>33024                      USA</b>		4. FEI Number <b>59-1595759</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ZELAYA, JOSE S 237 S.W. 13TH ST APT. 100 MIAMI, FL 33130</b>					
7. Name and Address of New Registered Agent Name <b>PALL SHAPIRO</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O USA SERVICES 6915 TAFT ST.</b> City <b>HOLLYWOOD</b> <b>FL</b> Zip Code <b>33024</b>					
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 <u><i>Paul Shapiro</i></u> <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	P	<input type="checkbox"/> Delete			
NAME	GARCIA-MENOCAL, WIS				
STREET ADDRESS	237 SW 13 ST				
CITY-ST-ZIP	MIAMI, FL 33130				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	PAINTZ, MARIE				
STREET ADDRESS	237 SW 13 ST 303				
CITY-ST-ZIP	MIAMI, FL 33130				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	MONTEVERDE, NATALIA				
STREET ADDRESS	237 SW 13 ST # 401				
CITY-ST-ZIP	MIAMI, FL 33130				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	CABALLERA, ELIAS				
STREET ADDRESS	237 SW 13 ST # 206				
CITY-ST-ZIP	MIAMI, FL 33130				
TITLE	V	<input type="checkbox"/> Delete			
NAME	CUARTAS, CARLOS				
STREET ADDRESS	237 SW 13 ST # 203				
CITY-ST-ZIP	MIAMI, FL 33130				
TITLE	V	<input type="checkbox"/> Delete			
NAME	ROMA, EDUARDO				
STREET ADDRESS	237 SW 13 ST #308				
CITY-ST-ZIP	MIAMI, FL 33130				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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> <u><i>Paul Shapiro</i></u> <u>04-28-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					