

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90079 003 ****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
 C/O USA-SERVICES
 6915 TAFT ST
 HOLLYWOOD, FL 33024



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
 59-1595759

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAUL SHAPIRO
 C/O USA SERVICES
 6915 TAFT ST
 HOLLYWOOD, FL 33024

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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 checked="" type="checkbox"/> Delete
NAME	PAINTZ, MARIE	
STREET ADDRESS	237 SW 13 ST 303	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MONTEVERDE, NATALIA	
STREET ADDRESS	237 SW 13 ST # 401	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	SD	<input checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS GARCIA MENCAL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS CUARTAS	
STREET ADDRESS	237 SW 13 ST 203	
CITY-ST-ZIP	33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-07

Date

Daytime Phone #