


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

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| DOCUMENT # K63405 |  |
| 1. Entity Name EL RINCON RECORD & GIFT SHOP, INC. | |

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| Principal Place of Business 2750 W. 68TH ST BAY 112 HIALEAH, FL 33016 | Mailing Address 2750 W. 68TH ST BAY 112 HIALEAH, FL 33016 |
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01192006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0097274 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent VILLAR, EULALIA 417 E. 33RD ST HIALEAH, FL 33013 |
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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 retaining) **DATE** _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VILLAR, EULALIA 417 E. 33RD ST HIALEAH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD REYES, AURORA 3875 W. 11TH AVE #320 HIALEAH, FL |
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04/10/06-80028-001 150.00

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 607, 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: Eulalia Villar **3-15-2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EULALIA VILLAR