2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 01, 2005 08:00 AM

DOCUMENT # L5975 1. Entity Name EL PUPITO, INC. Principal Place of Business 1601 W. COPANS RD. POMPANO BEACH, FL 33064 DO NOT WE	Mailing Address 1601 W. COPANS RD. POMPANO BEACH, FL 33		O1112005 No Chg-P CR2E034 (10/03) Applied For
	4.00	errang diga se add mag s	5. Certificate of Status Desired Sta
5. Name and Address of SALAMEH, MOHAMMED S 3523 COCOPLUM CIRCLE COCONUT CREEK, FL 33063	f Current Registered Agent		DO NOT WRITE IN THIS SPACE
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, bed or printed name of positive agent and tide if applicable (NOTE Registered Agent signature required when ranstating) PLE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 100.00			
After May 1, 2005 Fee will be	a \$550,00 Trust Fund Contribu	ution.	ded to Fees U4/U1/U5-80027-024 150.00
TITLE D NAME STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 3341 TITLE D NAME FARES, MUNIR R STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 3341 BOCA RATON, FL 3341 TITLE D NAME FARES, MUNIR R STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 3341	D \$ ANE 98		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS GTY - ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRIEGTOR Date Date Displane Phone *			