

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90062 009 \*\*\*150.00

**DOCUMENT # L66966**

1. Entity Name  
EL CHANCE CORP



Principal Place of Business

11300 NW 87 CT  
#144  
HIALEAH GARDENS, FL 33018

Mailing Address

16120 E TROON CIRCLE  
MIAMI LAKES, FL 33014 US



03122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0197718

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ARTURO  
~~15925 W. PRESTWICK PLACE~~ 16120 E TROON CR.  
HIALEAH, FL 33014  
MIAMI LAKES

**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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPS  
NAME RODRIGUEZ, ARTURO  
STREET ADDRESS ~~15925 W. PRESTWICK PL.~~ 16120 E TROON CR.  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE PTD  
NAME RODRIGUEZ, EULALIA  
STREET ADDRESS ~~15925 W. PRESTWICK PL.~~ 16120 E TROON CR.  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: Eulalia Rodriguez EULALIA RODRIGUEZ

3/15/04 305-824-3371  
305-558-9129