


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

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| DOCUMENT # L66966 |  |
| 1. Entity Name EL CHANCE CORP | |

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| Principal Place of Business 11300 NW 87 CT #144 HIALEAH GARDENS, FL 33018 | Mailing Address 16120 E TROON CIRCLE MIAMI LAKES, FL 33014 US |
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DO NOT WRITE IN THIS SPACE



03242005 No Chg-P CR2E034 (10/03)

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|---|-------------------------------|
| 4. FEI Number 65-0197718 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

RODRIGUEZ, ARTURO
16120 E TROON CR
MIAMI LAKES, FL 33014

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U000000314481
04/18/05-80167-021 150.00

10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPS RODRIGUEZ, ARTURO 16120 E TROON CR MIAMI LAKES, FL 33014 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD RODRIGUEZ, EULALIA 16120 E TROON CR MIAMI LAKES, FL 33014 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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)(f), 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) 4/15/05 305-844-3371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #