

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2004 8:00 am
Secretary of State

05-03-2004 90661 006 ***150.00

DOCUMENT # M03635	
1. Entity Name EL MULO DE ORO, INC.	

Principal Place of Business 7161 SW 117 AVE KENDALL VALUE CENTER MIAMI, FL 33183	Mailing Address 7161 SW 117 AVE KENDALL VALUE CENTER MIAMI, FL 33183
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66428365



04072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2450876	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**DIAZ, ROLANDO
7161 SW 117 AVE
MIAMI, FL 33183**

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

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
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10. OFFICERS AND DIRECTORS

TITLE SD	NAME PEREZ, ESTHER
STREET ADDRESS 13251 SW 38 TERRACE	
CITY-ST-ZIP MIAMI, FL 33175	
TITLE PD	NAME DIAZ, ROLANDO, SR.
STREET ADDRESS 13251 SW 38 TERRACE	
CITY-ST-ZIP MIAMI, FL 33175	
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)(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:  **0-1-04** **S.D.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Daytime Phone #