

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90034 005 ***150.00

DOCUMENT # M22169	
1. Entity Name EL RODEO INVESTMENT CORPORATION	



Principal Place of Business % HERNANDO GUTIERREZ V. 10500 S.W. 67 AVE. MIAMI, FL 33156	Mailing Address % HERNANDO GUTIERREZ V. 10500 S.W. 67 AVE. MIAMI, FL 33156
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J4037096



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03232004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2623574	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent V. GUTIERREZ, HERNANDO 10500 S.W. 67 AVE. MIAMI, FL 33156	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	D V. GUTIERREZ, HERNANDO 10500 S.W. 67 AVE. MIAMI, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, PILAR 10500 S.W. 67 AVE. MIAMI, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, ALICIA 10500 S.W. 67 AVE. MIAMI, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, ANA BEATRIZ 10500 S.W. 67 AVE. MIAMI, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, MARCELA 10500 S.W. 67 AVE. MIAMI, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: <u><i>Marcela Gutierrez</i></u>	3-24-04 305-6661317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #