

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90042 039 \*\*\*\*\*70.00

**DOCUMENT #N06000012452**

1. Entity Name

EL LUGAR SECRETO, INC.



Principal Place of Business

1635 WEST 32ND PLACE  
HIALEAH FL 33012

Mailing Address

1635 WEST 32ND PLACE  
HIALEAH FL 33012

2. Principal Place of Business - No P.O. Box #

*Same*

3. Mailing Address

*Same*

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

*22-3948835*

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

*CARMEN GOUDIE*

Street Address (P.O. Box Number is Not Acceptable)

*1635 W. 32 Place*

City

*Hialeah*

**FL**

Zip Code

*33012*

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

*Carmen Goudie* *Carmen Goudie*

*7/17/07*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By September 5, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **GOUDIE, ENRIQUE**  
STREET ADDRESS **1635 WEST 32ND PLACE**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **V** ☐ Delete  
NAME **GOUDIE, CARMEN**  
STREET ADDRESS **1635 WEST 32ND PLACE**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **SD** ☐ Delete  
NAME **VEGA, MARIA**  
STREET ADDRESS **1635 WEST 32ND PLACE**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **TD** ☐ Delete  
NAME **CARMONA, LINDA**  
STREET ADDRESS **1635 WEST 32ND PLACE**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Delete  
NAME **HERNANDEZ, JESSICA**  
STREET ADDRESS **1635 WEST 32ND PLACE**  
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:

*Carmen Goudie* *Carmen Goudie*

*7/17/07*

*784 229-4830*