2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# N99000002278

Entity Name: EL NUEVO PACTO CORPORATION

Current Principal Place of Business:

50 WEST 29 STREET
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 127484
HIALEAH, FL 330121625

New Mailing Address:

FEI Number: 65-0904976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERNANDEZ, HILDA T
8835 NW 110 STREET
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DC	( ) Delete
Name:	HERNANDEZ, HILDA T	
Address:	8835 NW 110 STREET	
City-St-Zip:	HIALEAH GARDENS, FL 33018	
Title:	D	( ) Delete
Name:	HERNANDEZ, CANDIDA J	
Address:	15242 SW 170 TERRACE	
City-St-Zip:	MIAMI, FL 33187	
Title:	D	( ) Delete
Name:	FERNANDEZ, ANTONIO J	
Address:	403 NW 72 AVE #316	
City-St-Zip:	MIAMI, FL 33126	
Title:	DB	( ) Delete
Name:	HERNANDEZ, JOSE R	
Address:	8835 NW 110 STREET	
City-St-Zip:	HIALEAH GARDENS, FL 33018	
Title:	D	( ) Delete
Name:	HERNANDEZ, JUAN C	
Address:	15242 SW 170 TERRACE	
City-St-Zip:	MIAMI, FL 33187	
Title:	D	( ) Delete
Name:	HERNANDEZ, MARTA E	
Address:	1465 W 4 LANE	
City-St-Zip:	HIALEAH, FL 33010	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HH DC 01/17/2007

Electronic Signature of Signing Officer or Director — Date