


#150

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

DOCUMENT # P0000001102

1. Entity Name
EL ARREBOL CORP.



Principal Place of Business Mailing Address

C/O RAFAEL SANCHEZ ABALLI C/O RAFAEL SANCHEZ ABALLI
1101 BRICKELL AVE., STE. 1400 1101 BRICKELL AVE., STE. 1400
MIAMI, FL 33131 MIAMI, FL 33131

2. Principal Place of Business 3. Mailing Address

1401 BRICKELL AVE. 1401 BRICKELL AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 825 STE. 825

City & State City & State

Miami, FLORIDA Miami, FLORIDA

Zip Country Zip Country

33131 USA 33131 USA



01142004 Chg-P CR2E034 (10/03) MRS

4. FEI Number Applied For
65-0992924 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

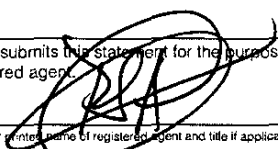
6. Name and Address of Current Registered Agent

SANCHEZ-ABALLI, RAFAEL ESQ
1101 BRICKELL AVE., STE. 1400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name SANCHEZ - ABALLI, RAFAEL
Street Address (P.O. Box Number is Not Acceptable)
1401 BRICKELL AVE., STE 825
City MIAMI FL Zip Code 33131

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 4/29/04

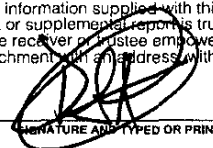
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VALENZUELA, PATRICIO L 1101 BRICKELL AVE., STE. 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VALENZUELA LARRANAGA, PATRICIO 1401 BRICKELL AVE., STE. 825, MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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:  DATE 4/29/04 (305) 373-0330

Signature and typed or printed name of signing officer or director.