

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 15 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSC



04282006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000001102			
1. Entity Name EL ARREBOL CORP.			
Principal Place of Business 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131		Mailing Address 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131	
2. Principal Place of Business 445 GERONA AVE Suite, Apt. #, etc.		3. Mailing Address 445 GERONA AVE Suite, Apt. #, etc.	
City & State CORAL GABLES Zip 33146 Country		City & State CORAL GABLES Zip 33146 Country	
4. FEI Number 65-0992924		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TTK SERVICE LLC 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: RAFAEL J. SANCHEZ-ABAILI PA Street Address (P.O. Box Number is Not Acceptable) 445 GERONA AVE City: CORAL GABLES FL Zip Code: 33146	
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: President DATE: 4.26.06 <small>Signature, typed or printed name of current registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LARRANAGA, PATRICIO 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 445 GERONA AVE CORAL GABLES FL 33146
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 100075471841 05/30/06--01004--025 **2225.00
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
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 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 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:		Officer/Part 4.26.06 305.779.5041 <small>Signature, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	