

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000024175

1. Entity Name
EL SHADDAI INC.



Principal Place of Business
2650 SE 20TH CT
HOMESTEAD, FL 33035

Mailing Address
1727 OLIVE TREE CIRCLE
WEST PALM BEACH, FL 33413

FILED
Feb 26, 2004 08:00 AM
Secretary of State



02232004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0991781

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDRADE, FABRICIO
2650 SE 20TH CT
HOMESTEAD, FL 33035

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE D
NAME ANDRADE, FABRICIO
STREET ADDRESS 2650 SE 20TH CT
CITY-ST-ZIP HOMESTEAD, FL 33035

TITLE D
NAME CABRERA, KATHERINE
STREET ADDRESS 2650 SE 20TH CT
CITY-ST-ZIP HOMESTEAD, FL 33035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/26/04-80052-012 150.00

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04

Date

561/329-6360

Daytime Phone #