


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000026672 1. Entity Name EL GALLEG0 AFILADOR CORP.	
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Principal Place of Business 3417 SW 8 ST MIAMI, FL 33135	Mailing Address 3417 SW 8 ST MIAMI, FL 33135
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04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0479349	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  ARIAS, MARIA A 3417 SW 8 ST. MIAMI, FL 33135
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD SANJURJO, LUIS 3417 SW 8 ST MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTSD ARIAS, MARIA A 3417 SW 8 ST MIAMI, FL 33135
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04/19/05-80047-005 150.00

**DO NOT WRITE  
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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)(f), 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 Date Daytime Phone #