

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000051062 1. Entity Name ELCANAR, INC.	
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Principal Place of Business 6955 NW 77TH AVE 203 MIAMI, FL 33166-2845	Mailing Address 6955 NW 77TH AVE 203 MIAMI, FL 33166-2845
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1025168	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD, STE 301 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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 rotating)	DATE _____
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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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOMINGUEZ, MARCEL B 6955 NW 77TH AVE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP RODRIGUEZ, ANTONIO 6955 NW 77TH AVE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRAU, TERESA M 6955 NW 77TH AVE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAZQUEZ, OLGA 6955 NW 77TH AVE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

1100000120370
04/19/04-80130-010 150.00

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	04-14-04 Date	305-888-5913 Daytime Phone #
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