


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000051067</b>	
1. Entity Name ELCOL, INC.	

Principal Place of Business 6955 NW 77 AVE #203 MIAMI, FL 33166-2845	Mailing Address 6955 NW 77 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 65-1025158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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**

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 _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA-DE-LA-CRUZ, MARISELA 6955 NW 77 AVE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, ANTONIO 6955 NW 77 AVE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRAN, TERESA M 6955 NW 77 AVE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAZQUEZ, OLGA 6955 NW 77 AVE #203 MIAMI, FL 331662845
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/16/04-80083-005.150.00

**DO NOT WRITE IN THIS SPACE**

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.

<b>SIGNATURE:</b> 	<b>A. RODRIGUEZ</b>	<b>04-14-04</b>	<b>305-888-5913</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>