


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P0000051067 1. Entity Name ELCOL, INC.	
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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



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1025158	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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	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 FRAU, 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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05/11/07-80011-022 150.00

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IN THIS SPACE**

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 reports 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: A. RODRIGUEZ 4-24-07 305-888-5913

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #