

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90009 040 ***150.00

40056311



03032008 Chg-P CR2E034 (12/06)

DOCUMENT # P00000051067					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1025158	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANCHEZ-GALARRAGA, JORGE 1313 PONCE DE LEON BLVD, STE 301 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA-DE-LA-CRUZ, MARISELA			NAME	
STREET ADDRESS	6955 NW 77 AVE #203			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 331662845			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, ANTONIO			NAME	P, VP, D RODRIGUEZ, ANTONIO
STREET ADDRESS	6955 NW 77 AVE #203			STREET ADDRESS	6955 NW 77 AVE #203
CITY-ST-ZIP	MIAMI, FL 331662845			CITY-ST-ZIP	MIAMI, FL 33166-2845
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAU, TERESA M			NAME	
STREET ADDRESS	6955 NW 77 AVE #203			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 331662845			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, OLGA			NAME	
STREET ADDRESS	6955 NW 77 AVE #203			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 331662845			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 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 lines empowered.					
SIGNATURE: _____		ANTONIO RODRIGUEZ, PRES.		3/24/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	