2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 14, 2005 08:00 AM DOCUMENT # P00000053023 Secretary of State 1. Entity Name EL CORRIDITO SALES INC Principal Place of Business Mailing Address 270 W 26 ST BLDG 4 HIALEAH FL 33010 270 W 26 ST BLDG 4 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1014540 Not Applicable Ζip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMOS, RICARDO Street Address (P.O. Box Number is Not Acceptable) 4723 SW 143 CT. MIAMI FL 33175 City 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550,00. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition Delete RAMOS, RICARDO NAME STREET ADDRESS 4723 SW 143 CT STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change Addition U00000228436 RAMOS, ANISIA NAME NAME 02/14/05-80039-010 150.00 STREET ADDRESS 4723 SW 143 CT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP TITLE ☐ Delete THLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-78 TITLE Delete TITLE Addition Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. 7IP TITLE Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

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:

MANUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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