

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90213 010 \*\*\*150.00

**DOCUMENT # P0000067248**

1. Entity Name  
 EL REVENTON SPORTS BAR, INC.



Principal Place of Business  
 813 W. SAMPLE ROAD  
 DEERFIELD BEACH, FL 33064

Mailing Address  
 813 W. SAMPLE ROAD  
 DEERFIELD BEACH, FL 33064

44044341



03172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1017673	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CASILLAS, DANIEL  
 813 W. SAMPLE ROAD  
 DEERFIELD BEACH, FL 33064

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CASILLAS, DANIEL 813 W SAMPLE RD DEERFIELD BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JUAN ALIAGA 813 W SAMPLE RD DEERFIELD BEACH, FL 33064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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] DATE: 4/27/04 DAYTIME PHONE #: (754) 224-7637  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR