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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000086159

1. Corporation Name

EL DORADO CONSTRUCTION INC

UP
NIC
FLD
10/21/90
76m

Principal Place of Business: 304 SW 85 Terrace # 308 Pembroke Pines FL 33024
Mailing Address: 304 SW 85 Terrace # 308 Pembroke Pines FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business: 21 908 NW 106 Terrace Ap.
2a. Mailing Address: 26 908 NW 106 Terrace

4. FEI Number: 65-1047401
Applied For: Not Applicable

Suite, Apt. #, etc.: 22 Apt 201
27 Suite, Apt. #, etc.: apt 201

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 Pembroke Pines
28 Pembroke Pines

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip: 24 FL 33026 25 USA
29 33026 30 USA

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DORADO, SANDRA
304 SW 85 Terrace # 308
PEMBROKE PINES FL 33024

81 Name: JOSEPA K. NOFIL PA
82 Street Address (P.O. Box Number is Not Acceptable):
83 3284 N STATE RD 7
84 City: LAUDERDALE LAKES FL 85 Zip Code: 33319

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] DATE: 03-06-01

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. The first row is filled with: DORADO, SANDRA, 304 SW 85 Terrace # 308, PEMBROKE PINES FL 33024. Other rows are empty with a 'DELETE' checkbox.

Table with 5 rows for Additions/Changes to Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. All rows are empty with 'Change' and 'Addition' checkboxes.

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/6-01