



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90204 018 \*\*\*150.00

<b>DOCUMENT # P00000088100</b> 1. Entity Name <b>EL MIRADOR, INC.</b>					
Principal Place of Business <b>2200 CORPORATE BLVD., NW, #401 BOCA RATON, FL 33431</b>			Mailing Address <b>2200 CORPORATE BLVD., NW, #401 BOCA RATON, FL 33431</b>		
2. Principal Place of Business <b>2200 NW Corporate Blvd.</b> Suite, Apt. #, etc. <b>Suite 401</b>		3. Mailing Address <b>2200 NW Corporate Blvd.</b> Suite, Apt. #, etc. <b>Suite 401</b>			
City & State <b>Boca Raton, FL</b>		City & State <b>Boca Raton, FL</b>		4. FEI Number <b>65-1153777</b>	
Zip <b>33431</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HCRM CORP. 2200 CORPORATE BLVD., NW, #401 BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2200 NW Corporate Blvd., Suite 401</b> City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHTD DUPREY, LAWRENCE A 220 CORPORATE BLVD NW SUITE 401 BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD COOK, JOSEPH R 220 CORPORATE BLVD NW SUITE 401 BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO DUPREY, LAWRENCE A 220 CORPORATE BLVD. NW STE 40 BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Joseph R. Cook</u> Date: <u>4/22/04</u> Daytime Phone #: <u>561-997-9223</u>		