


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90095 004 ***550.00

DOCUMENT # P01000042694 1. Entity Name EL FARAON DORADO, INC.					
Principal Place of Business 1325 SW 87TH AVE MIAMI, FL 33174			Mailing Address 1325 SW 87TH AVE MIAMI, FL 33174		
2. Principal Place of Business 2901 SW 8th St. Suite, Apt. #, etc. STE # 104 City & State Miami, Florida Zip 33135			3. Mailing Address 2901 SW 8th St Suite, Apt. #, etc. STE # 104 City & State Miami, FL Zip 33135		
Country USA			Country USA		
4. FEI Number 65-1099244			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JIMENEZ LUGO, MARIA ELENA 1325 SW 87TH AVE MIAMI, FL 33174			7. Name and Address of New Registered Agent Name Martin Uscamayta Street Address (P.O. Box Number is Not Acceptable) 2901 SW 8th St. STE 104 City Miami FL Zip Code 33135		
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 <u><i>Martin Uscamayta</i></u> (NOTE: Registered Agent signature required when reinstating) <u><i>Jul 07 2004</i></u> DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROMERO, JAIME 1325 SW 87TH AVE MIAMI, FL 33174	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LUGO JIMENEZ, MARIA ELENA 1325 SW 87TH AVE MIAMI, FL 33174	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Uscamayta, Martin 2901 SW 8th St. STE 104 Miami, FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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><i>Martin Uscamayta</i></u> <u><i>July 07 2004</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

54060447



07062004 Chg-P CR2E034 (10/03)

301 541-5692