


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000042694</b> 1. Entity Name EL FARAON DORADO, INC.	
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Principal Place of Business 2901 SW 8TH STREET SUITE #104 MIAMI, FL 33135 US	Mailing Address 2901 SW 8TH STREET SUITE #104 MIAMI, FL 33135 US
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**DO NOT WRITE IN THIS SPACE**



09112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1099244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

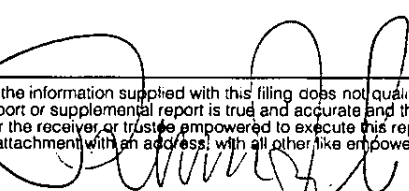
6. Name and Address of Current Registered Agent  USCAMAYTA, MARTIN 2901 SW 8TH STREET SUITE 104 MIAMI, FL 33135	<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	U000000576754 09/13/06-80003-025 150.00 DATE
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006</b>	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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEREI, ROSARIO 8673 SW 154TH CIRCLE, PL MIAMI, FL 33193
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	09-11-06 3055415692 Date Daytime Phone #
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