FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000062432

1. Entity Name
EL DORADO INVESTMENT GROUP, INC.

FILED
04 APR 21 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66411688

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business		3. Mailing Address	
1500 N.W. 30 ST.		1550 N.W. 30 ST.	
Suite, Apt #, etc.		Suite, Apt #, etc.	
MIAMI, FL. (City & State)		MIAMI, FL (City & State)	
Zip 33142	Country	Zip 33142	Country

4. FEI Number 65-1118158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Fernandez, Manuel
Street Address (P.O. Box Number is Not Acceptable): 1500 N.W. 30 ST
City: Miami FL Zip Code 33142

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.

SIGNATURE ________ MANUEL FERNANDEZ DATE 04/01/04

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST. MANUEL FERNANDEZ 1500 N.W. 30 ST MIAMI, FL.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MANUEL FERNANDEZ 1500 NW 30 ST MIAMI, FL.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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04/06/04--01005--002 **150.00

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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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: ________ MANUEL FERNANDEZ PRES. 4/1/04 305-634-3446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #