



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90222 039 \*\*\*150.00

<b>DOCUMENT # P01000075007</b> 1. Entity Name <b>EL PINAR FAMILY, INC.</b>					
Principal Place of Business <b>1551 S.W. 104 PASAGE #2-214 MIAMI, FL 33174</b>			Mailing Address <b>1551 S.W. 104 PASAGE #2-214 MIAMI, FL 33174</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		04132004    Chg-P    CR2E034 (10/03)	
Zip		Country		4. FEI Number <b>65-1125364</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>NUNEZ, ESTHER 1551 S.W. 104 PASAGE #214 MIAMI, FL 33174</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NUNEZ, ESTHER 801 S ROYAL POINCIANA BLVD APT 304 MIAMI SPRINGS, FL 33166		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NUNEZ, ESTHER 1551 S.W. 104 PASAGE #214 MIAMI, FL 33174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VARELA, NETTY 4120 NW 79 AVE APT 2C MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VARELA, NETTY 6849 NW 173rd Drive # F-103 MIAMI, FL 33015	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> <u>Netty Alexandra Varela</u> <b>NETTY ALEXANDRA VARELA</b> <b>04-23-04</b> <b>3058983828</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					