

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000Q75414

1. Entity Name
EL SOL SERVICES CORPORATION



Principal Place of Business

**711 - 5TH STREET
SUITE 203
MIAMI BEACH, FL 33139**

Mailing Address

**711 - 5TH STREET
SUITE 203
MIAMI BEACH, FL 33139 US**



03162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1126344

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRONCOSO, FERNANDO
711 - 5TH STREET
SUITE 203
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME TRONCOSO, FERNANDO
STREET ADDRESS 711 - 5TH STREET SUITE 203
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE SD
NAME TRONCOSO, MARIO
STREET ADDRESS 711 - 5TH STREET SUITE 203
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE TD
NAME TRONCOSO, LUIS
STREET ADDRESS 711 - 5TH STREET SUITE 203
CITY-ST-ZIP MIAMI, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000272599
03/22/05-80013-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-05

Date

Daytime Phone #