

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095307

FILED  
Apr 25, 2004  
Secretary of State

Entity Name: E & A LAND OWNERS CORP.

## Current Principal Place of Business:

19824 NW 86 COURT  
MIAMI, FL 33015

## New Principal Place of Business:

## Current Mailing Address:

19824 NW 86 COURT  
MIAMI, FL 33015

## New Mailing Address:

FEI Number: 65-1142431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, WILLIAM ESQ.  
GARCIA & AVELLAN, P.A.  
201 ALHAMBRA CIRCLE, SUITE 505  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CALVI, ELVIS  
Address: 19824 BW 86 COURT  
City-St-Zip: MIAMI, FL 33015

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: CALVI, ATONIO M  
Address: 19824 NW 86 COURT  
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO M. CALVI

D

04/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date