2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006
Secretary of State

DOCUMENT# P02000020273

Entity Name: EL ABRA CORPORATION

Current Principal Place of Business:

7086 SW 4TH STREET
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

7086 SW 4TH STREET
MIAMI, FL 33134

New Mailing Address:

FEI Number: 04-3611593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSE A PEREZ CPA PA
329 EAST 9TH STREET
SUITE 201
HIALEAH, FL 33010 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALFREDO NETOR PAZ,
Address: 7086 SW 4TH STREET
City-St-Zip: MIAMI, FL 33134

Title: EVPD ( ) Delete
Name: JOSE GUSTAVO XIRAU,
Address: 7086 SW 4TH STREET
City-St-Zip: MIAMI, FL 33134

Title: ED ( ) Delete
Name: XIRAU, JOSE GUSTAVO
Address: 7086 SW 4TH STREET
City-St-Zip: MIAMI, FL 33134

Title: D ( ) Delete
Name: PANZUTO, NELIDA HAYDEE
Address: 7086 SW 4TH STREET
City-St-Zip: MIAMI, FL 33134

Title: SD ( ) Delete
Name: ESTEBAN MARCELO PAZ,
Address: 7086 SW 4TH STREET
City-St-Zip: MIAMI, FL 33134

Title: TD ( ) Delete
Name: IGNACIO MARTIN PAZ,
Address: 7086 SW 4TH STREET
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALFREDO NESTOR PAZ PD 05/09/2006

Electronic Signature of Signing Officer or Director — Date