


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90514 002 \*\*\*150.00

<b>DOCUMENT # P02000081581</b> 1. Entity Name <b>EL AVILA CORPORATION</b>						
Principal Place of Business <b>15423 SW 85 LANE</b> <b>MIAMI, FL 33193</b>			Mailing Address <b>15423 SW 85 LANE</b> <b>MIAMI, FL 33193</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	4. FEI Number <b>47-0881562</b>		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent  <b>RAMIEREA, ANA M</b> <b>15325 SW 106 TERRACE UNIT 617</b> <b>MIAMI, FL 33196</b>				7. Name and Address of New Registered Agent Name <b>RAMIREZ ANA MARIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>15423 SW 85 LANE</b> City <b>MIAMI</b> FL Zip Code <b>33193</b>		
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 re-registering) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAMIREZ, ANA M</b> <b>15325 S.W 106TH TERRACE UNIT 617</b> <b>MIAMI, FL 33196</b>		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RAMIREZ, ANA M.</b> <b>15423 SW 85 LANE</b> <b>MIAMI, FL 33193</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAMIREZ, ALEXANDER E</b> <b>15325 S.W 106TH TERRACE UNIT 617</b> <b>MIAMI, FL 33196</b>		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARTINEZ, ALEXANDER E.</b> <b>15423 SW 85 LANE</b> <b>MIAMI, FL 33193</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/21/04 305-383.14.10 <small>Date Daytime Phone #</small>			