

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Sep 13, 2005 8:00 am**  
**Secretary of State**

09-13-2005 90001 026 \*\*\*550.00



**DOCUMENT # P02000085713**  
 1. Entity Name  
**EL GAUCHITO AWNINGS INSTALLATION & SERVICES, INC.**

Principal Place of Business Mailing Address  
 1301 SW 18TH AVE 1301 SW 18TH AVE  
 MIAMI FL 33145 MIAMI FL 33145



2. Principal Place of Business 3. Mailing Address  
*1751 SW 14 ST* *1751 SW 14 ST*  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State City & State  
*MIAMI FL* *MIAMI FL*  
 Zip Country Zip Country  
*33145* *33145*

4. FEI Number **55-0803923** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BARBOZA, JULIO**  
 1301 SW 18TH AVE  
 MIAMI FL 33145

7. Name and Address of New Registered Agent  
 Name *JULIO BARBOZA*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1751 SW 18 AV*  
 City *MIAMI* FL Zip Code *33145*

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]* DATE *09.07.05*  
Sign this report in printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 7, 2005**  
**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	BARBOZA, JULIO	
STREET ADDRESS	1301 SW 18TH AVE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* DATE: *09.07.05* DAYTIME PHONE #: *3058563708*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #