

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90046 015 ***150.00

DOCUMENT # P02000085713

1. Entity Name
 EL GAUCHITO AWNINGS INSTALLATION & SERVICES, INC.



Principal Place of Business Mailing Address
~~1751 SW 14TH STREET~~ ~~1751 SW 14TH STREET~~
~~MIAMI, FL 33145~~ ~~MIAMI, FL 33145~~

40067861



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
7712 NW 76 AV **7712 NW 76 AV**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04092008 Chg-P CR2E034 (12/06)

City & State City & State
MIAMI FLORIDA **MIAMI FLORIDA**
 Zip Country Zip Country
33166 **33166** **33166**

4. FEI Number Applied For
55-0803923 Not Applicable

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

6. Name and Address of Current Registered Agent
BARBOZA, JULIO
~~1751 SW 14TH STREET~~
~~MIAMI, FL 33145~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
9300 SW 49 ST
 City State Zip Code
MIAMI **FL** **33165**

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: *Julio Barboza* **Julio BARBOZA** DATE: **04.10.08**

Signature of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	BARBOZA, JULIO	NAME	
STREET ADDRESS	1901 SW 18TH AVE	STREET ADDRESS	7712 NW 76 AV
CITY - ST - ZIP	MIAMI, FL 33145	CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Julio Barboza* **Julio BARBOZA** DATE: **04-10-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #