

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90015 025 ***150.00

DOCUMENT # P02000092123

1. Entity Name

EL CARBRADOR, INC.



Principal Place of Business

PO BOX 970353
COCONUT CREEK FL 33097

Mailing Address

PO BOX 970353
COCONUT CREEK FL 33097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

42-1552217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUQUE, DOREEN U
323 NW 39 WAY
DEERFIELD BCH FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME DUQUE, DOREEN U
STREET ADDRESS 323 NW 39 WAY
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME DUQUE, CARLOS A
STREET ADDRESS 323 NW 39 WAY
CITY-ST-ZIP DEERFIELD BCH FL 33442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Doreen Duque President Doreen Duque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-28-04 954-426-1996
Daytime Phone #

Attached

P02000092123

44051326

7-27-01

Annual Report

Doreen Duque

Elcorbrador

323 NW 39 Way

Deerfield FL,

33442

FET: 42-1552217

To The

Department of State,

I am Enclosing a check for one hundred and Fifty, I was not notified of This report During The month of May. They Sent me a postcard regarding The Annual report in July, and I mailed it in. Two weeks later I recieved This form in The mail. I didn't even know This was a yearly report. I am going Into my Second year with The Corporation, and I am just learning These Things.

Thankyou

Doreen Duque

president

