


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000092123 1. Entity Name EL CARBRADOR, INC.	
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Principal Place of Business PO BOX 970353 COCONUT CREEK, FL 33097	Mailing Address PO BOX 970353 COCONUT CREEK, FL 33097
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DO NOT WRITE IN THIS SPACE

09142005 No Chg-P CR2E034 (10/03)

4. FEI Number 42-1552217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

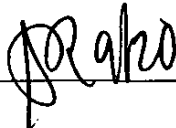
**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$550.00 Due by October 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUQUE, DOREEN U 323 NW 39 WAY DEERFIELD BCH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DUQUE, CARLOS A 323 NW 39 WAY DEERFIELD BCH, FL 33442
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**700059746817
09/19/05--01054--014 **150.00**

**DO NOT WRITE
IN THIS SPACE**

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:  **9-12-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Doreen Duque (president)

Elcorbrador Inc

po box 970353

Coconut Creek, FL

33097-0353

954-682-7748

Dear Sir:

I have been very sick, and This is why my payment has been late. I was not Aware of The \$500.00 payment and now what I can only send is 150.00.

I have also only received a Intent To Dissolve notice in The mail nothing more. Thankyou Doreen Duque.