

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000092123

1. Entity Name
EL CARBRADOR, INC.



FILED

06 SEP 25 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

PO BOX 970353
COCONUT CREEK, FL 33097

Mailing Address

PO BOX 970353
COCONUT CREEK, FL 33097

DO NOT WRITE IN THIS SPACE



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

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

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 7, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

100080144241
09/25/06--01039--013 **200.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Doreen Duque

9-17-06

954-682-7748
954-426-199

Elcorbroder Inc

323 NW 39 Way

Deerfield FL 33442

954-682-7748

To: Department of State:

I Dorcen Duque, have sent my Document paperwork one week ago and The mail had sent it back saying Wrong Address. I am sending back to you also I was late because I was never sent The paper notice This year.

Thank you

Dorcen Duque
president