


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000109716**

1. Entity Name  
**SAN FRANCISCO EL DORADO, INC.**



Principal Place of Business <b>2300 CORAL WAY          SUITE #200          MIAMI, FL 33145</b>	Mailing Address <b>2300 CORAL WAY          SUITE #200          MIAMI, FL 33145</b>
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**DO NOT WRITE IN THIS SPACE**



01242004 No Chg-P CR2E034 (10/03)

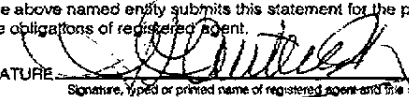
4. FEI Number <b>16-1654138</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES, INC.  
 2300 CORAL WAY  
 SUITE 200  
 MIAMI, FL 33145**

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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:  **AMADA CANTERA LOPEZ** 3/15/04  
Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

100000097460  
 03/29/04 20001-017 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, DIMAS N 2303 N.W. 3RD STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORENO, ROSA M 2303 N.W. 3RD STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVAS, JAIME A 9741 S.W. 3RD STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVAS, ELSY 9741 S.W. 3RD STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **02-02-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ELSY RIVAS**