

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -1 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000109716

1. Entity Name

SAN FRANCISCO EL DORADO, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2300 Coral Way		3. Mailing Address 2300 Coral Way	
Suite, Apt. #, etc. Suite # 200		Suite, Apt. #, etc. Suite # 200	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33145	Country US	Zip 33145	Country US

DO NOT WRITE IN THIS SPACE

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

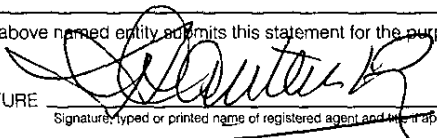
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name FLORIDA ANNUAL REPORT SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable) 2300 Coral Way, Suite # 200
City Miami
State FL
Zip Code 33145

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE



AMADA CANTERA LOPEZ, President

4/30/03

Signature, typed or printed name of registered agent and when applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)


**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

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

11. 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	600018452256 05/07/03--01056--020 **150.00
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	
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	DO NOT WRITE IN THIS SPACE
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

Date

Daytime Phone #

DIMAS N. MORENO, President

CR2E034B (12/01)