

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91054 014 \*\*\*150.00

**DOCUMENT # P02000110094**

**1. Entity Name**  
**EL BECERRO CASES, CORP.**



**Principal Place of Business**  
P.O. BOX 451265  
SUNRISE, FL 33345

**Mailing Address**  
P.O. BOX 451265  
SUNRISE, FL 33345

**24065937**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004 Chg-P CR2E034 (10/03)

City & State

City & State

**4. FEI Number**  
**51-0431320**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

TRIVINO, GEORGE  
2781 PINE ISLAND ROAD NORTH  
APT. 209 B1 85  
SUNRISE, FL 33322

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

04-16-04

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

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
D  
TRIVINO, GEORGE  
2781 PINE ISLAND ROAD NORTH APT. 209 B1 85  
SUNRISE, FL 33345 ☐ Delete

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
D  
TRIVINO, OLGA  
2781 PINE ISLAND ROAD NORTH APT. 209 B1 85  
SUNRISE, FL 33345 ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
PI  
TRIVINO OLGA ☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
D  
BORRERO, LUZ ESTELA  
2781 PINE ISLAND ROAD NORTH APT. 209 B1 85  
SUNRISE, FL 33345 ☒ Delete

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

**TITLE**  
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☐ Delete

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☐ Delete

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☐ Change ☐ Addition

**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 #

04-16-04