


2004 FOR PROFIT CORPORATION ANNUAL REPORT

#150

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

| | | | |
|--|--|--|--|
| DOCUMENT # P02000126703 | |  | |
| 1. Entity Name EL MORRO CORP. | | | |
| Principal Place of Business 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 | | Mailing Address 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 | |
| 2. Principal Place of Business 1401 BRICKELL AVE. Suite, Apt. #, etc. SUITE 825 City & State MIAMI, FLORIDA Zip 33131 Country USA | | 3. Mailing Address 1401 BRICKELL AVE. Suite, Apt. #, etc. SUITE 825 City & State MIAMI, FLORIDA Zip 33131 Country USA | |
| 01142004 Chg-P | | CR2E034 (10/03) <i>MRB</i> | |
| 4. FEI Number 16-1642043 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SANCHEZ-ABALLI, RAFAEL ESQ. 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name SANCHEZ-ABALLI, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE, STE. 825 City MIAMI FL Zip Code 33131 | |
| 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 <i>[Signature]</i> | | DATE 4/29/04 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GUZMAN MATRA, JOSE A 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUZMAN MATRA, JOSE A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 BRICKELL AVE, STE. 825, MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUZMAN CRUZAT, NICOLAS 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUZMAN MATRA, NICOLAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 BRICKELL AVE, STE. 825, MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LARRAIN DOGGENWEILER, JUAN A 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LARRAIN DOGGENWEILER, JUAN A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 BRICKELL AVE, STE. 825, MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> | | 4/29/04 (325) 373-0330 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |