

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90081 016 \*\*\*150.00

DOCUMENT # P03000012170

1. Entity Name  
EL PALOMAR CORPORATION



Principal Place of Business  
C/O 1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131

Mailing Address  
C/O 1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131

40075761



04192007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #  
2200 N. Commerce Pkwy  
Suite, Apt. #, etc.  
202

3. Mailing Address  
2200 N. Commerce Pkwy  
Suite, Apt. #, etc.  
202

City & State  
Weston FL

City & State  
Weston FL

Zip  
33326

Country  
U.S.

Zip  
33326

Country  
U.S.

4. FEI Number  
26-0129853

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVARO CASTILLO B.  
1390 BRICKELL AVENUE  
SUITE 200  
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Joel Friend

Street Address (P.O. Box Number is Not Acceptable)

2200 N. Commerce Pkwy, Ste 202

City Weston

FL

Zip Code 33326

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 Joel Friend

DATE 4/19/2007

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME ZATWARNICKI, JORGE S  
STREET ADDRESS C/O 1390 BRICKELL AVENUE #200  
CITY-ST-ZIP MIAMI, FL 33131

TITLE D ☒ Change ☐ Addition  
NAME ZATWARNICKI, Jorge S  
STREET ADDRESS 2200 N. Commerce Pkwy, Ste 202  
CITY-ST-ZIP Weston, FL 33326

TITLE D ☐ Delete  
NAME COLOMBO, VILMA D  
STREET ADDRESS C/O 1390 BRICKELL AVENUE #200  
CITY-ST-ZIP MIAMI, FL 33131

TITLE D ☒ Change ☐ Addition  
NAME Colombo, Vilma D  
STREET ADDRESS 2200 N. Commerce Pkwy, Ste. 202  
CITY-ST-ZIP Weston, FL 33326

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/19/2007