2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000023194 1. Entity Name E.L.L. MANAGEMENT CORP.					Feb 02, 2004 08:00 AM Secretary of State	
Oriognal Plan	o of Rusiness	Mailing Address			<u></u>	
Principal Place of Business Mailing Address 13501 SW 128 ST STE 111 13501 SW 128 ST STE 111			F 111			
MIAMI FL 3	MIAMI FL 33186	_ '''				
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2. Principal P	lace of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)	
City & State		City & State			4. FEI Number Applied For Not Applicable	
Zip Country		Zip	Z _i p 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	
LOGREIRA, LYNETTE				Name		
133	20 N CALUSA CLUB DR			Street Address (P.O. Box Number is Not Acceptable)		
MIAMI FL 33186						
				City	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						
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.		D DIRECTORS	. 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Р	☐ Delete	TITL	.2	☐ Change ☐ Addition	
NAME	LOGREIRA, LYNETTE		NAM	1		
STREET ADDRESS CITY -ST-ZIP	13320 N CALUSA CLUB DR MIAMI FL 33186		1	EET ADDRESS		
TITLE	ST	☐ Delete	TITL	E	☐ Change ☐ Addillon	
NAME	LOGREIRA, EFRAIN JR		NAN	į		
STREET ADDRESS	13320 N CALUSA CLUB DR			EET ADDRESS		
CITY-ST-ZIP			- CRY	(-ST-ZIP	UUUUUUU2823G	
TITLE NAME		L. Delete	NAN	I	000000028236 ☐ Change ☐ Addition 02704704-80018-014 150.00	
STREET ADDRESS			STR	EET ADDRESS		
CITY-ST-ZIP			CITY	/-ST-ZIP		
TITLE NAME		☐ Delete	TITL Nam	1	☐ Change ☐ Addition	
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP			CITY	(-ST-ZIP		
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NAME STREET ADDRESS			NAA STR	ME EET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		
TITLE		☐ Delete	TITL	£	Change Addition	
NAME			NAM	i		
STREET ADDRESS CITY-ST-ZIP			1	ECT ADDRESS		
	certify that the information supplied w	ith this filing does not qualify			ection 119.07(3)(i), Florida Statutes. I further certify that the information	
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 teport 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.						
changed, or on an attachment with an address, with all other like empowered.						

SIGNATURE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

EII ED

Daytime Phone #