

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025290

FILED  
Apr 12, 2004  
Secretary of State

Entity Name: INVERSIONES EL DESCANSO, INC.

## Current Principal Place of Business:

1511 N.W. 139 AVENUE  
PEMBROKE PINES,, FL 33028 US

## New Principal Place of Business:

## Current Mailing Address:

1511 N.W. 139 AVENUE  
PEMBROKE PINES,, FL 33028 US

## New Mailing Address:

FEI Number: 20-0847608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GNECCO, PEPE  
1511 N.W. 139 AVENUE  
PEMBROKE PINES, FL 33028 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GNECCO, PEPE  
Address: 1511 N.W. 139 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: S ( ) Delete  
Name: PLATA, NESTOR  
Address: 1511 N.W. 139 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP ( ) Delete  
Name: CERCHAR, LUIS  
Address: 1511 N.W. 139TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GIRALDO, LAURA M  
Address: 1511 N.W. 139 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: CERCHAR, LUIS  
Address: 1511 N.W. 139TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: T ( ) Change (X) Addition  
Name: GNECCO, PEPE  
Address: 1511 N.W. 139TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA M. GIRALDO

P

04/12/2004

Electronic Signature of Signing Officer or Director

Date