

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90092 008 ***150.00

DOCUMENT # P03000031445													
1. Entity Name EL PRADO OF VERO BEACH, INC.													
Principal Place of Business 3243 OCEAN DR. VERO BEACH, FL 32963			Mailing Address 3243 OCEAN DR. VERO BEACH, FL 32963										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
City & State		City & State		4. FEI Number 02-0681965									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent HENDERSON, STEVE L ESQ. 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> Name Kent Gustafson </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Street Address (P.O. Box Number is Not Acceptable) 246 LIVE OAK ROAD </td> </tr> <tr> <td style="padding: 5px;"> City VERO Beach </td> <td style="padding: 5px;"> FL </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Zip Code 32963 </td> </tr> </table>				Name Kent Gustafson		Street Address (P.O. Box Number is Not Acceptable) 246 LIVE OAK ROAD		City VERO Beach	FL	Zip Code 32963	
Name Kent Gustafson													
Street Address (P.O. Box Number is Not Acceptable) 246 LIVE OAK ROAD													
City VERO Beach	FL												
Zip Code 32963													
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. <table style="width:100%;"> <tr> <td style="width:40%; vertical-align: bottom;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </td> <td style="width:40%; vertical-align: bottom;"> PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:20%; vertical-align: bottom;"> 01/14/07 <small>DATE</small> </td> </tr> </table>						SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>	PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>	01/14/07 <small>DATE</small>					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>	PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>	01/14/07 <small>DATE</small>											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 D	NAME GUSTAFSON, KENT		<input type="checkbox"/> Delete										
STREET ADDRESS 246 LIVE OAK DRIVE			<input type="checkbox"/> Change <input type="checkbox"/> Addition										
CITY-ST-ZIP VERO BEACH, FL 32963													
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition										
STREET ADDRESS CITY-ST-ZIP													
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition										
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TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition										
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:	KENT GUSTAFSON	01/14/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

Date
Daytime Phone #