2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

6/14

FILED
Jul 01, 2004 8:00 am
Secretary of State
06-14-2004 90002 013 ***150.00

DOCUMENT # P03000040090

1. Entity Name
ELD - CORP.

Principal Place of Business	Mailing Address
7100 SW 43RD ST. MIAMI FL 33155	7100 SW 43RD ST. MIAMI FL 33155

66429270

MOOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-4528148 ☐ Applied For ☐ Not Applicable

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
FRIAS, EDDY 11533 SW 90 ST. MIAMI FL 33176	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRIAS, EDDY		NAME	
STREET ADDRESS	11533 SW 90 ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MERLO, LAURA		NAME	
STREET ADDRESS	11533 SW 90 ST.		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: ____________________ June 28-04 3055533477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
66429270
#P03000040090

ELD – Corp.
7100 SW 43rd St
Miami, Florida 33155
Ph (305) 553-3477
Fax (305) 553-6549

June 7, 2004

To whom it may concern:

I, Laura Merlo, vice president of the above mentioned company, certify that we have not received the annual report form until last week, June 3,2004. Due to this reason, I am enclosing a check for $150.00. I hope to receive this form on time next year in order to be able to make a payment on time.
Thank you.
Sincerely,

Laura Merlo
Vice president