

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

7100 SW 43RD ST.
MIAMI FL 33155

Mailing Address

7100 SW 43RD ST.
MIAMI FL 33155

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

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
NAME: FRIAS, EDDY ☐ Delete
STREET ADDRESS: 11533 SW 90 ST.
CITY-ST-ZIP: MIAMI FL 33176

TITLE: VD
NAME: MERLO, LAURA ☐ Delete
STREET ADDRESS: 11533 SW 90 ST.
CITY-ST-ZIP: MIAMI FL 33176

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

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

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

TITLE: ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 28-04 305 553 3477

attachment

66429270

#103000040090

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

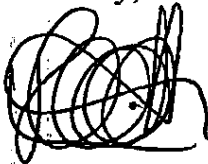
June 7, 2004

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