## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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## DOCUMENT # P03000064803

1. Entity Name

ELDÓRADO REAL ESTATE, INC.



FILED Jan 22, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

213 MAIN ST.

DUNDEE, FL 33838

PO BOX 548 DUNDEE, FL 33838



01052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 57-1169520

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SEWNARINE, CHITRAM 213 MAIN ST. DUNDEE, FL 33838

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<ol><li>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.</li></ol>	. 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 aignature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. **PVST** TITLE NAME SEWNARINE, JANA M STREET ADDRESS 215 MAIN STREET CiTY-ST-ZIP DUNDEE, FL 33838 TITLE NAME SEWNARINE, JANA M STREET ADDRESS 215 MAIN STREET CITY-ST-ZIP DUNDEE, FL 33838 NAME STREET ADDRESS CITY-ST-ZIP nn F STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7iP TITLE STREET ADDRESS CITY-ST-ZIP- :A

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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:

CONATURE AND TYPED OR PRINTEEPRANE OF SIGNING OFFICER OR DIRECTOR

1/15/2007

863-439-970

Daytime Phone #