


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91058 039 \*\*\*150.00  
05-19-2004 90010 022 \*\*\*150.00

<b>DOCUMENT # P03000068762</b>	
1. Entity Name <b>EL MODELO CORP.</b>	

Principal Place of Business <b>11861 SW 18 STREET #6 MIAMI, FL 33175</b>	Mailing Address <b>11861 SW 18 STREET #6 MIAMI, FL 33175</b>
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2. Principal Place of Business <b>8665 CORAL WAY</b>	3. Mailing Address <b>8665 CORAL WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33155</b>	Zip <b>33155</b>
Country <b>U.S.A.</b>	Country <b>U.S.A.</b>

03062003 Chg-P CR2E034 (10/03)

4. FEI Number <b>51-0472414</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>RUIZ, ALEJANDRA C 11861 SW 18 STREET #6 MIAMI, FL 33175</b>	
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7. Name and Address of New Registered Agent Name <b>CASTRO, JOSE F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8665 CORAL WAY</b> City <b>MIAMI, FL</b> Zip Code <b>33155</b>	
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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 *Jose Francisco Castro* **JOSE FRANCISCO CASTRO, PRESIDENT** **5/14/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUIZ, ALEJANDRA C</b>		NAME <b>CASTRO, JOSE F.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11861 SW 18 STREET #6</b>		STREET ADDRESS <b>8665 CORAL WAY</b>	
CITY-ST-ZIP <b>MIAMI, FL 33175</b>		CITY-ST-ZIP <b>MIAMI, FLORIDA 33155</b>	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CASTRO, JOSE F</b>		NAME <b>CASTRO, JOSE F.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11861 SW 18 STREET #6</b>		STREET ADDRESS <b>8665 CORAL WAY</b>	
CITY-ST-ZIP <b>MIAMI, FL 33175</b>		CITY-ST-ZIP <b>MIAMI, FLORIDA 33155</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jose Francisco Castro* **JOSE FRANCISCO CASTRO** **5/14/04** **3052627233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #