




FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000071218 1. Entity Name EL MEJOR INC.			
Principal Place of Business 9365 PRESTON RD. BROOKSVILLE, FL 34601		Mailing Address 9365 PRESTON RD. BROOKSVILLE, FL 34601	
DO NOT WRITE IN THIS SPACE			
		02272008 No Chg-P CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE		4. FEI Number 75-3120040	
		Applied For Not Applicable	
DO NOT WRITE IN THIS SPACE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, BRYAN D 9365 PRESTON RD. BROOKSVILLE, FL 34601		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U00000938191 05/27/08-80080-016 158.75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P GRIFFIN, BRYAN D 9365 PRESTON RD. BROOKSVILLE, FL 34601	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		V GRIFFIN, DONALD H SR. 17736 CAUFIELD RD. SPRING HILL, FL 34610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		V NAUGLER, JOEY D 17736 CAUFIELD RD. SPRING HILL, FL 34610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME 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: 		3-26-08 352 540 4916	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	