2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000094895

1. Entity Name

EL RÓDEO NIGHTCLUB, INC



FILED Mar 24, 2004 8:00 am Secretary of State 03-24-2004 90005 035 ***150.00

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Principal Place of Business				Mailing Address				ı		L R II 4		
17548 SUNSET TR Winter Garden, FL 34787				17548 SUNSET TR Winter Garden, FL 34787						2406	1	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.				03102004	Chg-P	CR2E03	4 (10/03)	
City & State			C	City & State				4. FEI Numbe 3z-009			<u> </u>	plied Fo t Applic
Zip		Country	Z	(ip	Coun	try		_5Certificate	of Status Desired	\$ ئسسا\$	8.75 Add	itional
6. Name and Address of Current			t Regist	ered Agent			7. Name and Address of New Registered Agent					
CORRAL, I 17548 SUN WINTER G		Name Street Address (P.O. Box Number is Not Acceptable)										
*						City				FL	Zip Code	9
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 acc the obligations of registered agent.												
SIGNATURE_	Signature, typed	or printed name of registered ages	nt and title (applicable. (NOTE	: Registere	d Agent signature	required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaig Trust Fund Contr						ncing		.00 May Be led to Fees				
10.	1	OFFICERS ANI	D DIREC		11.			ADDITIONS/	CHANGES TO C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	17548 SU	OS, VICTOR INSET TR GARDEN, FL 34787		☐ Delete							Change	☐ Ad
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CITY-ST-ZIP		GARDEN, FL 34787	<u> </u>			-ST-ZIPC			3,1			
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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 directly 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

407-701-1076