


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90055 041 ***150.00

DOCUMENT # P03000109511	
1. Entity Name ENVIOS EL CONDOR, INC.	

Principal Place of Business 5465 B LAKE MARGARET DR. ORLANDO, FL 32812	Mailing Address 5465 B LAKE MARGARET DR. ORLANDO, FL 32812
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2. Principal Place of Business 4917 S. Orange Ave. Suite, Apt. #, etc.	3. Mailing Address 4917 S. Orange Ave. Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL
Zip 32806	Zip 32806
Country Orange	Country Orange



03162004 Chg-P CR2E034 (10/03)

4. FEI Number 14-1897723	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONTAXGONZALEZ SERVICE, CORP. 4142 W. OAKRIDGE RD., STE. 102 ORLANDO, FL 32809	
7. Name and Address of New Registered Agent Name: Isabel C. Valencia Street Address (P.O. Box Number is Not Acceptable): 5326 Lake Margaret Dr. Apt. 714 City: Orlando FL Zip Code: 32812	

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:  DATE: **03-16-2004**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALENCIA, ISABEL C 5326 LAKE MARGARET DR. #714 ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OSPINA, LUZ A 5465 B LAKE MARGARET DR. ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **03-16-04** DAYTIME PHONE #: **(407) 854-5777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR