2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000134100

Entity Name: EL CONDE, INC.

FILED Mar 02, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

C/O CASTILLO & COMPANY, CPA, PA 2100 PONCE DE LEON, SUITE 1203 CORAL GABLES, FL 33134

New Mailing Address: Current Mailing Address:

C/O CASTILLO & COMPANY, CPA, PA 2100 PONCE DE LEON, SUITE 1203 CORAL GABLES, FL 33134

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASTILLO, MARTHA CPA C/O CASTILLO & COMPANY, CPA, PA 2100 PONCE DE LEON, SUITE 1203 CORAL GABLES, FL 33134 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

MONTERO, PABLO CASTILLO, MARTHA P Name: Name:

2100 PONCE DE LEON, SUITE 1203 Address: 2100 PONCE DE LEON, SUITE 1203 Address: City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MARTHA CASTILLO 03/02/2004