

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90320 010 \*\*\*150.00

**DOCUMENT # P04000022031**



1. Entity Name  
**EL SOL RAGS, INC.**

Principal Place of Business  
 261 NE 73RD STREET  
 MIAMI, FL 33138

Mailing Address  
 261 NE 73RD STREET  
 MIAMI, FL 33138

**14000541**



2. Principal Place of Business  
**7201 NW 35 AVE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7201 NW 35 AVE**  
 Suite, Apt. #, etc.

04142005 Chg-P CR2E034 (10/03)

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**20-0686246**  
 Applied For  
 Not Applicable

Zip  
**33147**  
 Country

Zip  
**33147**  
 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JIMENEZ, MARC A**  
**2758 W. ATLANTIC BLVD.**  
**1**  
**POMPANO BEACH, FL 33069**

7. Name and Address of New Registered Agent  
 Name **LOUIS, LIONEL P.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7201 NW 35 AVE**  
 City **MIAMI FL** Zip Code **33147**

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 *Lionel P. Louis*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LOUIS, LIONEL P 261 NE 73RD STREET MIAMI, FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JEAN-LOUIS, GREGORY L 261 NE 73RD STREET MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BASTIEN, UNITSE 261 NE 73RD STREET MIAMI, FL 33138 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LOUIS, LIONEL P. 7201 NW 35 AVE MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR / VICEPRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PATRICK, GEORGES G. 7201 NW 35 AVE MIAMI FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lionel P. Louis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/14/2005** (786) 262-6595  
 Telephone # **(561) 541-5518**