2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005
Secretary of State

DOCUMENT# P04000043982

Entity Name: EL BOCON CORP

Current Principal Place of Business:

8300 WEST FLAGLER STREET
119
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

8300 WEST FLAGLER STREET
119
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 20-0866877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALLARES, LUIS A
9201 FONTAINEBLEAU BLVD
4
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

PALLARES, LUIS A
8300 WEST FLAGLER STREET
119
MIAMI, FL 33144 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: LUIS A PALLARES 02/21/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PALLARES, LUIS A
Address: 9201 FONTAINEBLEAU BLVD UNIT 4
City-St-Zip: MIAMI, FL 33172 US

Title: D ( ) Delete
Name: MIRANDA, CARLOS A
Address: 4420 NW 107 AVENUE APT 205
City-St-Zip: MIAMI, FL 33178 US

Title: D (X) Delete
Name: ALZATE, DORA C
Address: 9201 FONTAINEBLEAU BLVD UNIT 4
City-St-Zip: MIAMI, FL 33172 US

Title: D (X) Delete
Name: MIRANDA, JORGE A
Address: 4420 NW 107 AVENUE APT 205
City-St-Zip: MIAMI, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PALLARES, LUIS A
Address: 8300 WEST FLAGLER STREET #119
City-St-Zip: MIAMI, FL 33144 US

Title: VP (X) Change ( ) Addition
Name: ALZATE, DORA C
Address: 8300 WEST FLAGLER STREET #119
City-St-Zip: MIAMI, FL 33144 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 Statutes. 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.

SIGNATURE: LUIS A PALLARES P 02/21/2005
Electronic Signature of Signing Officer or Director Date