

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

**DOCUMENT # P04000125858**

1. Entity Name  
**E & L INVESTMENTS MANAGEMENT, CORP.**



08-01-2005 90031 001 \*\*\*150.00  
08-01-2005 90031 002 \*\*\*\*\*8.75

Principal Place of Business  
**13826 N.W. 21 ST  
PEMBROKE PINES, FL 33028**

Mailing Address  
**13826 N.W. 21 ST  
PEMBROKE PINES, FL 33028**

**66025240**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

07142005 Chg-P CR2E034 (10/03)

City & State  
Zip Country

4. FEI Number  
**20-1566699**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PUENTES, LUIS A  
13826 N.W. 21 ST  
PEMBROKE PINES, FL 33028**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **PUENTES, LUIS A**  
STREET ADDRESS **13826 N.W. 21 ST**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **VP** ☐ Delete  
NAME **PUENTES, ERIK**  
STREET ADDRESS **13826 N.W. 21 ST**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **SEC** ☐ Delete  
NAME **PUENTES, DIANA M**  
STREET ADDRESS **13826 N.W. 21 ST**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **ERIK PUENTES, VP**

**Jul 26/2005**

Date Daytime Phone #