


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90102 032 ***150.00

DOCUMENT # P04000146353 1. Entity Name EL REY DE LOS JUGOS INC.																													
Principal Place of Business 4410 W. 16TH AVE. SUITE10 HIALEAH, FL 33012 US			Mailing Address 4410 W. 16TH AVE. SUITE10 HIALEAH, FL 33012 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 20-1804160																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent CASTILLO, SANDRA 1655 W. 44TH PL. APT. 207 HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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.				FL Zip Code																									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>CASTILLO, SANDRA</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1655 W. 44TH PL., APT. 207</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH, FL 33012</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	CASTILLO, SANDRA	<input type="checkbox"/>	STREET ADDRESS	1655 W. 44TH PL., APT. 207		CITY-ST-ZIP	HIALEAH, FL 33012		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sandra Castillo</u> 02-22-07 305-822 5343 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													