


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90010 047 ***150.00

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|---|----------------------------|--|--|--|----------|-------|------|--------------------------|--------------------------|------------------|--------------------------|----------------|----------------------------|-------------|-------------|-------------------|--|--|--|
| 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 Zip Country | | City & State Zip Country | | 4. FEI Number 20-1804160 Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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:60%;">NAME</td> <td style="width:10%;">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 | | | |
| 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:60%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> | | TITLE | NAME | Change | Addition | NAME | | <input type="checkbox"/> | <input type="checkbox"/> | STREET ADDRESS | | | | CITY-ST-ZIP | | | | 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. | |
| TITLE | NAME | Change | Addition | | | | | | | | | | | | | | | | |
| NAME | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: Sandra Castillo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 02-12-08 385-822-2473 <small>Date Daytime Phone #</small> | | | | | | | | | | | | | | | | | |