
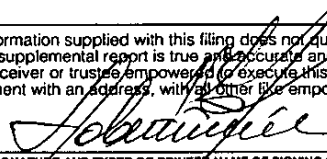


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90359 025 \*\*\*150.00

<b>DOCUMENT # P04000160421</b> 1. Entity Name <b>EL VOLANTE LATINO CORPORATION</b>																											
Principal Place of Business <b>8750 EXPOSITION DRIVE TAMPA, FL 33626</b>		Mailing Address <b>8750 EXPOSITION DRIVE TAMPA, FL 33626</b>																									
2. Principal Place of Business <b>4515 N. HABANA AVE.</b>		3. Mailing Address <b>4515 N. HABANA AVE.</b>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <b>TAMPA, FL.</b>		City & State <b>TAMPA, FL</b>																									
Zip <b>33614</b>		Zip <b>33614</b>																									
Country 		Country 																									
4. FEI Number <b>81-0668312</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>CARDENAS, LUIS A 8750 EXPOSITION DRIVE TAMPA, FL 33626</b>		7. Name and Address of New Registered Agent Name <b>CARDENAS, LUIS A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4515 N. HABANA AVE.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33614</b>																									
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 _____																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD CARDENAS, LUIS A</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">8750 EXPOSITION DRIVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TAMPA, FL 33626</td> </tr> </table>		TITLE	PD CARDENAS, LUIS A	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	8750 EXPOSITION DRIVE		CITY-ST-ZIP	TAMPA, FL 33626		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%;">VT LOIS LUIS</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">4515 N. HABANA AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">TAMPA, FL 33614</td> </tr> </table>		TITLE	VT LOIS LUIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME			STREET ADDRESS	4515 N. HABANA AVE		CITY-ST-ZIP	TAMPA, FL 33614	
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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.																											
<b>SIGNATURE:</b> 		<b>04-13-05 813.8767505</b>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									

**50041176**



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