

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90024 038 \*\*\*150.00

<b>DOCUMENT # P05000052768</b>					
<b>1. Entity Name</b> EL RINCON DE ANA, INC					
<b>Principal Place of Business</b> 6246 SW 8TH STREET MIAMI, FL 33144			<b>Mailing Address</b> 12214 SW 17TH LANE H-107 MIAMI, FL 33175		
<b>2. Principal Place of Business</b> 6426 SW 8TH ST Suite, Apt. #, etc.			<b>3. Mailing Address</b> 3594 SW 143 CT Suite, Apt. #, etc.		
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL		<b>4. FEI Number</b> 20-2651633	
<b>Zip</b> 33144		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CABRERA, ALFRED C 12214 SW 17TH LANE H-107 MIAMI, FL 33175			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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.</b> SIGNATURE (x)  (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> CABRERA, ALFRED C <b>STREET ADDRESS</b> 12214 SW 17TH LANE, H-107 <b>CITY-ST-ZIP</b> MIAMI, FL 33175	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> PRIETO, MILENE <b>STREET ADDRESS</b> 12214 SW 17TH LANE, H-107 <b>CITY-ST-ZIP</b> MIAMI, FL 33175	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> PRIETO, MILENE <b>STREET ADDRESS</b> 12214 SW 17TH LANE, H-107 <b>CITY-ST-ZIP</b> MIAMI, FL 33175	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE: (x)</b> <b>ALFRED CABRERA President</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

ATTACHMENT  
40093163  
# P05000032768

TO WHOM IT MAY CONCERN:  
WE WANT TO INFORM YOU THAT  
WE ARE SENDING THE ANNUAL  
REPORT AFTER MAY 1ST BECAUSE  
WE RECEIVED NO NOTIFICATION  
BEFORE MAY 1ST. WE HOPE THAT  
YOU CAN UNDERSTAND THIS  
SITUATION AND THAT ACCEPT THE  
ANNUAL REPORT AS WELL AS THE  
CHECK FOR \$150. IF YOU HAVE  
ANY QUESTIONS, PLEASE DO NOT  
HESITATE TO CALL US.

THANK YOU,

EL RINCON DE ANA, INC.