

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90074 023 ***150.00

DOCUMENT # P06000015084					
1. Entity Name EL FOGON MIAMI BEACH CORP					
Principal Place of Business 1720 NE MIAMI GARDENS DRIVE MIAMI, FL 33179			Mailing Address 1720 NE MIAMI GARDENS DRIVE MIAMI, FL 33179		
2. Principal Place of Business - No P.O. Box # 1415 WASHINGTON AVE		3. Mailing Address 1415 WASHINGTON AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-4212157	
Zip 33139		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CESAR, MIGUEL 1720 NE MIAMI GARDENS DRIVE MIAMI, FL 33179			7. Name and Address of New Registered Agent Name: CAPASSO, GABRIEL Street Address (P.O. Box Number is Not Acceptable): 1415 WASHINGTON AVE City: MIAMI FL Zip Code: 33139		
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: 3/13/2007 <small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))</small>					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CESAR, MIGUEL A <input checked="" type="checkbox"/> Delete 1720 NE MIAMI GARDENS DRIVE MIAMI, FL 33179				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPASSO, GABRIEL <input type="checkbox"/> Delete 1720 NE MIAMI GARDENS DRIVE MIAMI, FL 33179				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETRO, ANA ANDREA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1415 WASHINGTON AVE MIAMI, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPASSO, GABRIEL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1415 WASHINGTON AVE MIAMI, FL 33139				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: DATE: 3/13/07 <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>					