


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90033 018 ***150.00

DOCUMENT # P07000008043					
1. Entity Name EL PILAR HOLDINGS, INC.					
Principal Place of Business 4450 NE 135TH STREET OPA LOCKA, FL 33054		Mailing Address 4450 NE 135TH STREET OPA LOCKA, FL 33054			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02062008 Chg-P CR2E034 (12/06) 4. FEI Number 20-8617016 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, LUCIANO 43107 NW LEJEUNE ROAD OPA LOCKA, FL 33054			Name Street Address (P.O. Box Number is Not Acceptable) 1688 N.W. 208TH Way City Pembroke Pines FL Zip Code 33029		
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: <i>X L. Rodriguez</i> Luciano Rodriguez - President <i>X 3/3/08</i> <small>Signature, typed or printed name of registered agent, and date 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, LUCIANO		NAME		
STREET ADDRESS	43107 NW LEJEUNE ROAD		STREET ADDRESS	1688 N.W. 208TH Way	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODRIGUEZ, EVA		NAME		
STREET ADDRESS	43107 NW LEJEUNE ROAD		STREET ADDRESS	1688 N.W. 208TH Way	
CITY-ST-ZIP	OPA LOCKA, FL 33054		CITY-ST-ZIP	Pembroke Pines, FL 33029	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: <i>X L. Rodriguez</i> Luciano Rodriguez <i>X 3/3/08</i> 305-687-0087 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					