

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90028 047 ***150.00

DOCUMENT # P07000054356 1. Entity Name ELZADO ENTERPRISES INCORPORATED					
Principal Place of Business 14940 GRANT LN LEISURE CITY, FL 33033			Mailing Address 14940 GRANT LN LEISURE CITY, FL 33033		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 815 NE 213 TR			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4			
City & State		City & State MIAMI, FL			
Zip	Country	Zip 33169	Country U.S.A	4. FEI Number 39-2061066	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBINSON, ERNEST 14940 GRANT LN LEISURE CITY, FL 33033			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, ERNEST 14940 GRANT LN LEISURE CITY, FL 33033 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUDY WEST CARP CFO 815 NE 213 TR, MIAMI, FL 33169 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBINSON, TAMARA 14940 GRANT LN LEISURE CITY, FL 33033 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMARA ROBINSON Secretary 14940 Grant Ln, Leisure City, FL 33033 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: Ernest Robinson ELNEST ROBINSON CEO 03/10/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

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#P07000054356

1120

U.S. Corporation Income Tax Return

OMB No. 1545-0123

Form
Department of the Treasury
Internal Revenue ServiceFor calendar year 2007 or tax year beginning 2007, ending 20
▶ See separate instructions.

2007

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>		Use IRS label. Name <u>ALBADO ENTERPRISES INC</u> Number, street, and room or suite no. If a P.O. box, see instructions. <u>14940 GRANT LANE</u> City or town, state, and ZIP code <u>HOMESTEAD FL 33033</u>	B Employer identification number C Date incorporated <u>05/07/07</u> D Total assets (see instructions) <u>\$5,000.00</u>
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E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change					
Income	1a Gross receipts or sales	b Less returns and allowances	c Bal ▶	1c	
	2 Cost of goods sold (Schedule A, line 8)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	
	4 Dividends (Schedule C, line 19)			4	
	5 Interest			5	
	6 Gross rents			6	
	7 Gross royalties			7	
	8 Capital gain net income (attach Schedule D (Form 1120))			8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9	
	10 Other income (see instructions—attach schedule)			10	
	11 Total income. Add lines 3 through 10			11	0
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (Schedule E, line 4)			12	—
	13 Salaries and wages (less employment credits)			13	—
	14 Repairs and maintenance			14	—
	15 Bad debts			15	0
	16 Rents			16	1200
	17 Taxes and licenses			17	
	18 Interest			18	
	19 Charitable contributions			19	
	20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)			20	
	21 Depletion			21	
	22 Advertising			22	
	23 Pension, profit-sharing, etc., plans			23	
	24 Employee benefit programs			24	
	25 Domestic production activities deduction (attach Form 8903)			25	
	26 Other deductions (attach schedule)			26	
	27 Total deductions. Add lines 12 through 26			27	1200
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28	
29 Less: a Net operating loss deduction (see instructions).	29a				
b Special deductions (Schedule C, line 20)	29b				
29c			29c	1200	
30 Taxable income. Subtract line 29c from line 28 (see instructions)			30		
31 Total tax (Schedule J, line 10)			31		
Tax and Payments	32a 2006 overpayment credited to 2007	32a			
	b 2007 estimated tax payments	32b			
	c 2007 refund applied for on Form 4466	32c			
	d Bal ▶	32d			
	e Tax deposited with Form 7004	32e			
	f Credits: (1) Form 2439 (2) Form 4136	32f			
	32g			32g	
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached			33	
	34 Amount owed. If line 32g is smaller than the total of lines 31 and 33, enter amount owed			34	
	35 Overpayment. If line 32g is larger than the total of lines 31 and 33, enter amount overpaid			35	
36 Enter amount from line 35 you want: Credited to 2008 estimated tax ▶ Refunded ▶			36	0	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	Signature of officer <u>Ernest ROBINSON</u> Date <u>03/04/08</u> Title <u>CEO</u>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Phone no. ()	

ATTACHMENT

MEMO
ELZADO ENTERPRISES INCORPORATION
BOARD OF DIRECTORS
MEETING ON 12/07/07
At 7:30 P.M.

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Members present : Ernest Robinson, CEO, Trudy Westcarr, CFO, Tamara Robinson Treasure
Secretary Tamara Robinson

The meeting was called to order by the President/CEO Mr Ernest Robinson
we discuss matter relating to the functions of the corporation.

The President outline how he would like the corporation to function. It's a new corporation
he said.

1. All financial matters must come through him. Any bill greater than \$500 must be approve
by him.
2. All contract matter must goes through Ms. Westcarr and Mr Robinson.

3 Any customers issue must be handle by Mr Robinson

4. All purchases must goes through Ms Tamara Robinson and Mr Robinson.

The Board vote in favour of these issue. The meeting was adjourned at 9.30 P.M