

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90124 013 ***150.00

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1. Entity Name
EL NAZARENO CORP.

Principal Place of Business
**11655 SW 143 CT
MIAMI FL 33186**

Mailing Address
**2381 S.W. 80 COURT
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

8001 S.W. 24 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL 33155

City & State

City & State

4. FEI Number **65-0595163**

Applied For

Not Applicable

Zip

Country

Zip

Country

33155

Dade

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUAN F. BENITEZ CPA PA (REG. AGENT CORP)
2381 SW 80 COURT
MIAMI FL 33155**

Name **Benitez & Company CPAs**

Street Address (P.O. Box Number is Not Acceptable)

8001 S.W. 24 Street

City **Miami**

FL

Zip Code **33155**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$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	<input type="checkbox"/> Delete
D	ZURITA, ANGEL	11655 SW 143 COURT	MIAMI FL 33186	<input type="checkbox"/>
DP	IGLESIAS, DELIA	11655 SW-143RD COURT	MIAMI FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: **Delia Iglesias**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/15-03** Daytime Phone #: **(305) 347-4665**

CR2E034 (10/02)