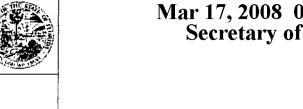
## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT (AR)** DOCUMENT # P96000034842 **EL GIGANTE #2 CORPORATION**

**FILED** Mar 17, 2008 08:00 AN Secretary of State



				1.1.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	ļ				
Principal Place of Business , Mailing Address									
1030 W 35 STREET HIALEAH FL 33012 US		1030 W 35 STREET HIALEAH FL 33012 US							
2. Principal Place of Business - No PO Box #		3. Mailing Address				011001 ((B (21)5 34(  60))) 00))) 68)   00(6)	i alim Albai iAlt: Bibi		
Suite, Apt. #, etc.		Suite, Apt. #. etc.			15	1st MOORE CR2E034 (10/07)			
City & State		City & State		·**•	4. FEI Numb	Applied For     Not Applied For			
Ζιp	Country	Zip	Country		5. Certificate	5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GAMEZ, VICTOR 1030 W. 35TH ST. HIALEAH FL				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				Ch			<b></b> 20	a d b	
				City	FL Z <sub>II</sub> ) Code				
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s registere	ed office or regis	stered agent, or bo	oth, in the State of Florida. 1	am familiar wit	h, and accept	
SIGNATURE	Signature, typed or cretted name of rog sternd ride	ota vitte i orpicazio (NOT	FE Registraec	s Agent a gratum requ	urra wher reminating)	DA	ΤΕ		
After After	May 1, 2008 Fee Will Be \$550.0 k Payable to Florida Department	)O`\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				9. Election Campaign Fina Trust Fund Contribution		5.00 May Be Ided to Fees	
10.	10. OFFICERS AND DIRECTORS 11.				ADDITIONS	L :/CHANGES TO OFFICERS /	AND DIRECTO	RS IN 11	
TITLE			TITLE				☐ Change		
NAME			NAME	:					
STREET ADORESS	1030 W. 35TH ST.		STREE	ET ADDRESS					
CITY-ST-712	HIALEAH FL 33012-4928		CITY-	ST- ZIP					
TOTLE	D Davete		TITLE				☐ Changa	e 🔲 Addition	
NAME	BRAVO, BENITO		HAME			U0000085899 04/02/08-8000	35,,,,		
STREET ADDRESS	1413 W. 38TH PL.			T ADDRESS		04702708-8000	3-UZ5 lb	0.00	
CITY-ST-ZIP	HIALEAH FL 33012-4749		CITY	ST-ZIP					
THE		☐ De ele	nne	'			☐ Change	Addition	
NAME			NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
Will.		☐ Derete	TIFLE				Change	e 🔲 Addition	
NAME STREET ADDRESS			NAME						
CITY-ST-ZIP	<u></u>			TI ADORESS ST- ZIP					
			_				Chaus:	☐ Addisson	
TITLE NAME		☐ Derete	TITLE				Change	: Addition	
STREET ADDRESS			4	T ADDRESS					
CITY-S1-ZIP				ST ZIP					
TITLE		☐ Delete	TITLE			E11 1 100 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	☐ Change	Addition	
NAME		DO-615	NAME				onunge		
				T ADDRESS					
2177 27 20									

12. Thereby certify that the information supplied with this filing does not qualify for the exernations contained in Section 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR