

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000035271					
1. Entity Name EL SEGUNDO POLO NORTE INC.					
Principal Place of Business 2050 W. 56TH ST., STE. 23 & 24 HIALEAH FL 33016			Mailing Address 2050 W. 56TH ST., STE. 23 & 24 HIALEAH FL 33016		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FCI Number 65-0660140	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BUSQUET, RAUL 2050 W. 56TH ST., STE. 23 & 24 HIALEAH FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. RAUL BUSQUET SIGNATURE <i>Raul Busquet</i> RESIDENT 2/16/06 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-instating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP BUSQUET, RAUL 14590 SW 33 CT MIRAMAR FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100000442054 03/04/06 80004-010 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BUSQUET, VIVIAN 14590 SW 33 CT MIRAMAR FL 33027	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: *Raul Busquet* **Raul Busquet-Pd. 2-15-06 305-825-266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #