

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90104 025 ***150.00

DOCUMENT # P97000006042 1. Entity Name EL TRIUNFO FASHIONS, INC.			
Principal Place of Business 8290 NW LAKE DRIVE APT 306 MIAMI, FL 33166		Mailing Address 8025 NW 36 STREET SUITE 302 MIAMI, FL 33166	
2. Principal Place of Business 7114 CORTA CALE DR		3. Mailing Address 7114 CORTA CALE DR	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State HOUSTON, TX		City & State HOUSTON, TX	
Zip 77083	Country 	Zip 77083	Country
4. FEI Number 65-0727367		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NUNEZ, MARDO A 8025 N.W. 36TH STREET SUITE 302 MIAMI, FL 33166		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 _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 P NAME NUNEZ, CARLOS STREET ADDRESS 8290 NW LAKE DRIVE APT. 302 CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE P NAME NUNEZ, CARLOS STREET ADDRESS 7114 CORTA CALE DR CITY-ST-ZIP HOUSTON, TX 77083	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME NUNEZ, MARDO A STREET ADDRESS 8290 NW LAKE DRIVE APT. 302 CITY-ST-ZIP MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE VPD NAME NUNEZ, MARDO STREET ADDRESS 7114 CORTA CALE DR CITY-ST-ZIP HOUSTON, TX 77083	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		Date: 4/07/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	