


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

04 APR -6 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE 240071579

DOCUMENT # <b>P98000067120</b>		
1. Entity Name <b>EL GUNAL CORPORATION</b>		
Principal Place of Business <b>7705 WEST FLAGLER MIAMI FL 33144</b>		Mailing Address <b>3805 SW 8TH ST. MIAMI FL 33134</b>
2. Principal Place of Business <b>7931 N.W. 2<sup>nd</sup> ST</b>	3. Mailing Address <b>7931 NW 2<sup>th</sup> ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>MIAMI Florida</b>		City & State <b>MIAMI Florida</b>
Zip <b>33126</b>	Country <b>F</b>	4. FEI Number <b>65-0854036</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>



REINSTATEMENT 03-04

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VILARINO, MANUEL I 3811 SW 8 STREET MIAMI FL 33134				Name <b>BERTA M. Cespedes</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>7931 N.W. 2<sup>nd</sup> ST</b>			
				City <b>MIAMI</b> FL Zip Code <b>33126</b>			
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 <i>Berta M. Cespedes</i>				DATE <b>4/01/04</b>			
(NOTE: Registered Agent signature required when re-registering)							

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>PD</b>	NAME <b>VILARINO, MANUEL</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>P/D</b>	NAME <b>Cespedes, Berta m.</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3811 SW 8TH STREET</b>	CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>			STREET ADDRESS <b>7931 NW 2<sup>nd</sup> ST</b>	CITY-ST-ZIP <b>MIAMI FL, 33126</b>		
TITLE <b>SD</b>	NAME <b>JILARINO, ANA E</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>VPI/S</b>	NAME <b>Cespedes, JAVIER</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3805 SW 8TH ST.</b>	CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>			STREET ADDRESS <b>7931 NW 2<sup>nd</sup> ST</b>	CITY-ST-ZIP <b>MIAMI FL, 33126</b>		
TITLE <b>VPD</b>	NAME <b>VILARINO, ISIDORO A</b>	<input checked="" type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	Addition
STREET ADDRESS <b>3805 SW 8TH ST.</b>	CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>			STREET ADDRESS	CITY-ST-ZIP		
TITLE <b>TD</b>	NAME <b>VILARINO, ANNIA E</b>	<input checked="" type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	Addition
STREET ADDRESS <b>3805 SW 8TH</b>	CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>			STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	Addition
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change	Addition
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP		

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: *Javier Cespedes* 4/01/04 (305) 267-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORPORATION