## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000042426

Entity Name: EL CAMINO INVESTMENTS CORP.

FILED Apr 17, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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16-34 NW 17 COURT MIAMI, FL 33125

Current Mailing Address: New Mailing Address:

P.O. BOX 960473 MIAMI, FL 33296

FEI Number: 65-0939413 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LLANO, LEONOR 16-34 NW 17 COURT MIAMI, FL 33125 US

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.

SIGNATURE:

City-St-Zip:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: LLANO-MATIZ, LEONOR Name: LLANO-MATIZ, LEONOR Address: 8927 S.W. 40 TERRACE Address: 5406 NW 72 AVE

8927 S.W. 40 TERRACE Address: 5406 NW 72 AVE MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 ALCAZAR, NICOLLE
 Name:
 ALCAZAR, NICOLLE

 Address:
 8927 S.W. 40 TERRACE
 Address:
 5406 NW 72 AVE

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 MIAMI, FL 33166

Title: SD ( ) Delete Title: SD (X) Change ( ) Addition

 Name:
 ALCAZAR, JOYCE
 Name:
 ALCAZAR, JOYCE

 Address:
 8927 S.W. 40 TERRACE
 Address:
 5406 NW 72 AVE

 City-St-Zip:
 MIAMI, FL 33166
 City-St-Zip:
 MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLLE ALCAZAR TD 04/17/2006