

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000045163

1. Entity Name  
EL SENOR SHADAI, INC.



Principal Place of Business

8250 S.W. 103 AVE.  
MIAMI, FL 33173

Mailing Address

8250 S.W. 103 AVE.  
MIAMI, FL 33173



08182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0922600

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PONCE, PEDRO  
8250 S.W. 103 AVE.  
MIAMI, FL 33173

**DO NOT WRITE  
IN THIS SPACE**

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:   
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

8-30-04  
DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PONCE, PEDRO
STREET ADDRESS	8250 S.W. 103 AVE.
CITY - ST - ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000171562  
09/03/04-80002-007 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-04  
Date Daytime Phone #