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SECRETARY OF STATE

T. CLINE

NOV 30 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: El Romeral Corp.				
(Name of Alien Business Organization)			
Dear Sir or Madam:				
The enclosed Designation of Register are submitted for filing.	red Agent and Registered Office for Alien Business Organiz	zation ar	nd fee(s)	
Please return all correspondence cond	cerning this matter to the following:			
Heather Perry			2	
(Name of Perso	n)	SECRE	ZBIO NOV 29	.,
Moraitis, Cofar, Karney & Mora	itis	(ETAR)	V 2	i c
(Firm/Company	')	SEE SY C		dorra frae.
		$\Sigma_{\mathcal{I}_{I}}}}}}}}}}$		- 3 - ₹
915 Middle River Drive, Suite 50	6	25	***	١.
(Address)		TO THE	29	
Fort Lauderdale, FL 33304				
(City/State and Zip C	Code)			
For further information concerning the	nis matter, please call:			
Heather Perry	at (954) 563-4163			
(Name of Person)	(Area Code & Daytime Telephone Number)			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following	ng amount:			
✓ \$35.00 Filing Fee	\$43.75 Filing Fee & Certified Copy			

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

Panama		3. <u>N/A</u>	
(State or country under which entity is organized)		(FEI Number, if ap	oplicable)
4900 N. Ocean Boul	evard, Apt.219, Lauderdale-By-T	he-Sea, FL 33308	
	(Principal of		
Name and Florida Str	eet address of registered agent.		
	George R. Moraitis, Esquire		
	915 Middle River Drive, Suite 5	06	
	Fort Lauderdale, FL 33304		
are identical.	the registered office and the street		CRETAI CAHAS
Francisco Restrepo,	(Signature of chairman, v	ice chairman, or officer)	V 29 PH TARY OF S ASSEE, FI
Francisco Restrepo,	. •		29 PM I: ARY OF STA
	President (Name and capacity of person		29 PH ARY OF SI

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 Tallahassee, FL 32314