




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # V15374		
1. Entity Name EL RETORNO CORPORATION OF MIAMI		
Principal Place of Business 4545 N.W. 7 ST. MIAMI, FL 33126		Mailing Address 4545 N.W. 7 ST. MIAMI, FL 33126
DO NOT WRITE IN THIS SPACE		
		 04192006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0341545 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 DIAZ, SEVERINO 4545 N.W. 7 ST. MIAMI, FL 33126		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:  4/27/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE		
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		
TITLE	P	
NAME	DIAZ, SEVERINO	
STREET ADDRESS	3169 S.W. 25TH TERRACE	
CITY - ST - ZIP	MIAMI, FL 33133	
TITLE	VP	
NAME	DELGADO, AIDA	
STREET ADDRESS	3410 S.W. 91ST AVENUE	
CITY - ST - ZIP	MIAMI, FL 33185	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/06 Date Daytime Phone #