


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90033 045 ****61.25

DOCUMENT # 724625			
1. Entity Name EL VEDADO, INC.			
Principal Place of Business 237 S.W. 13TH ST APT. 100 MIAMI, FL 33130		Mailing Address 237 S.W. 13TH ST APT. 100 MIAMI, FL 33130	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
03242005 Chg-NP CR2E037 (10/03)		4. FEI Number 59-1595759	
<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Name and Address of Current Registered Agent ZELAYA, JOSE S 237 S.W. 13TH ST APT. 100 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: State: FL Zip Code:	
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 reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD. <input checked="" type="checkbox"/> Delete NAME: ZELAYA, JOSE S STREET ADDRESS: 237 S.W. 13 STREET, #409 CITY-ST-ZIP: MIAMI, FL 33130	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: PRESIDENT LUIS GARCIA-MENOCAL #103 STREET ADDRESS: 237 SW 13 ST CITY-ST-ZIP: MIAMI FL 33130		
TITLE: V <input checked="" type="checkbox"/> Delete NAME: MENOCAL GARCIA, LUIS STREET ADDRESS: 237 SW 13 ST # 103 CITY-ST-ZIP: MIAMI, FL 33130	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: VICE PRES MARIE PANITZ STREET ADDRESS: 237 SW 13 ST 303 CITY-ST-ZIP: MIAMI FL 33130		
TITLE: TD <input type="checkbox"/> Delete NAME: MONTEVERDE, NATALIA STREET ADDRESS: 237 SW 13 ST # 401 CITY-ST-ZIP: MIAMI, FL 33130	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: SD <input type="checkbox"/> Delete NAME: CABALLERA, ELIAS STREET ADDRESS: 237 SW 13 ST # 206 CITY-ST-ZIP: MIAMI, FL 33130	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: V <input type="checkbox"/> Delete NAME: CUARTAS, CARLOS STREET ADDRESS: 237 SW 13 ST # 203 CITY-ST-ZIP: MIAMI, FL 33130	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: V <input checked="" type="checkbox"/> Delete NAME: SELVA, RINA E STREET ADDRESS: 237 SW 13 ST # 301 CITY-ST-ZIP: MIAMI, FL 33130	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: V EDUARDO ROMA STREET ADDRESS: 237 SW 13 ST # 308 CITY-ST-ZIP: MIAMI FL 33130		
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 617, 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 information empowered.			
SIGNATURE: _____		03-24-05 305 8602937 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			