


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90216 040 ****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 C/O USA SERVICES			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 6915 TAFT ST			
City & State		City & State HOLLYWOOD, FL		4. FEI Number 59-1595759	
Zip		Zip 33024		Country USA	
6. 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 PAUL SHAPIRO Street Address (P.O. Box Number is Not Acceptable) C/O USA SERVICES 6915 TAFT ST. City HOLLYWOOD FL Zip Code 33024		
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 <u>Paul Shapiro</u> DATE <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA-MENOCAL, WIS		NAME		
STREET ADDRESS	237 SW 13 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAINTZ, MARIE		NAME		
STREET ADDRESS	237 SW 13 ST 303		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONTEVERDE, NATALIA		NAME		
STREET ADDRESS	237 SW 13 ST # 401		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CABALLERA, ELIAS		NAME		
STREET ADDRESS	237 SW 13 ST # 206		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CUARTAS, CARLOS		NAME		
STREET ADDRESS	237 SW 13 ST # 203		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROMA, EDUARDO		NAME		
STREET ADDRESS	237 SW 13 ST #308		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33130		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 like empowered.					
SIGNATURE: <u>[Signature]</u>			Date <u>04-28-06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		