

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90079 003 \*\*\*\*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  
 C/O USA-SERVICES  
 6915 TAFT ST  
 HOLLYWOOD, FL 33024



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03302007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
 PAUL SHAPIRO  
 C/O USA SERVICES  
 6915 TAFT ST  
 HOLLYWOOD, FL 33024

4. FEI Number  
 59-1595759

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City 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 resigning) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GARCIA-MENOCAL, WIS	
STREET ADDRESS	237 SW 13 ST	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PAINTZ, MARIE	
STREET ADDRESS	237 SW 13 ST 303	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MONTEVERDE, NATALIA	
STREET ADDRESS	237 SW 13 ST # 401	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CABALLERA, ELIAS	
STREET ADDRESS	237 SW 13 ST # 206	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	V	<input type="checkbox"/> Delete
NAME	CUARTAS, CARLOS	
STREET ADDRESS	237 SW 13 ST # 203	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROMA, EDUARDO	
STREET ADDRESS	237 SW 13 ST #308	
CITY-ST-ZIP	MIAMI, FL 33130	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS GARCIA MENOCAL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLOS CUARTAS	
STREET ADDRESS	237 SW 13 ST 203	
CITY-ST-ZIP	33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** *[Signature]* **04-06-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #