

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90056 041 ***550.00

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DOCUMENT # F01000002777

1. Entity Name
EMBUTIDOS PALACIOS USA, INC.



Principal Place of Business
**45 ANTILLA AVE., #1-E
CORAL GABLES FL 33134**

Mailing Address
**7541 N.E. 3RD PLACE
MIAMI FL 33138**



2. Principal Place of Business

3. Mailing Address
350 NE 75th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

4. FEI Number **51-0386268**

Applied For
Not Applicable

Zip

Country

Zip

33138

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAHERA, IVAN S
45 ANTILLA AVE., #1-E
CORAL GABLES FL 33134**

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 IVAN SAN MARTIN, VICEPRESIDENT

08/01/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

~~After September 10, 2003, Fee will be \$750.00~~

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	PALACIOS GARCIA, FRANCISCO J	
STREET ADDRESS	45 ANTILLA AVE., #1-E	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> Delete
NAME	SANMARTIN LAHERA, IVAN	
STREET ADDRESS	45 ANTILLA AVE., #1-E	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	PLACIOS GARCIA, ANGEL P	
STREET ADDRESS	45 ANTILLA AVE., #1-E	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLACIOS GARCIA, JAIME P	
STREET ADDRESS	45 ANTILLA AVE., #1-E	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 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:

SIGNATURE REQUIRED
IVAN SAN MARTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICEPRESIDENT

08/01/03
Date

305 758 1089
Daytime Phone #

CR2E034 (4/03)