

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000006218

**Entity Name:** CASA RESTAURACION ISAIAS 61, INC.

**Current Principal Place of Business:**

165 NW 59 STREET  
MIAMI, FL 33127

**FILED**  
**Apr 29, 2017**  
**Secretary of State**  
**CC4448359495**

**Current Mailing Address:**

242 NW 56 ST  
MIAMI, FL 33127 US

**FEI Number: 46-3173771**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DR J. ISRAEL MONTEALEGRE  
2861 SW 69 COURT  
MIAMI, FL 33155 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD, TREASURER  
Name APARICIO, WILMER  
Address 165 NW 59 STREET  
City-State-Zip: MIAMI FL 33127

Title SECRETARY, DIRECTOR  
Name HERERRA, DAISI I  
Address 165 NW 59 STREET  
City-State-Zip: MIAMI FL 33127

Title D  
Name PINA, RAFAEL  
Address 165 NW 59 STREET  
City-State-Zip: MIAMI FL 33127

Title T  
Name MATAMOROS, HENRI  
Address 165 NW 59 STREET  
City-State-Zip: MIAMI FL 33127

Title D  
Name REYES, JHONATAN  
Address 165 NW 59 STREET  
City-State-Zip: MIAMI FL 33127

Title D  
Name LEON, MARLON  
Address 165 NW 59 STREET  
City-State-Zip: MIAMI FL 33127

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILMER APARICIO**

**PRESIDENT**

**04/29/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date