2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 447652

1. Entity Name
LOS CUBANOS DE GOYA, INC.

Principal Place of Business

1510 S W 8TH ST.
MIAMI, FL 33135

Mailing Address

1510 S W 8TH ST.
MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

04072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1515528	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALONSO, ANTONIO E
1699 CORAL WAY
STE #315
MIAMI, FL 33145

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000912913
05/07/08-80098-015 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	CORO, JUAN M
STREET ADDRESS	2372 SW 16TH TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	DVP
NAME	HELIODORO, CORO
STREET ADDRESS	4519 S.W. 1 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	DST
NAME	CORO, MARIA TERESA
STREET ADDRESS	4519 SW 1ST ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 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: _____   4-17-08

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