2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

SIGNATURE:

## Mar 13, 2006 8:00 am **Secretary of State** DOCUMENT # K10203 1. Entity Name 03-13-2006 90082 023 \*\*\*150.00 DISCOS Y EMPANADAS ARGENTINAS, INC. Principal Place of Business Mailing Address 2181 NW 10 AVE 2181 NW 10 AVE MIAMI FL 33127 MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0025548 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MUNIZ, ALBERT Street Address (P.O. Box Number is Not Acceptable) 15744 SW 46TH ST **MIAMI FL 33185** City Zip Code 8. The above named entity submits in statement for the purpose of changing its registered office or registered agent, or both, in the State of Glorida. I/am familiar with, and accept the obligations of realstered ag AUBET -MUN' 2\_ **SIGNATURE** d applicable (NOTE: Registered Agent signature required when reinstation) Signature, typed or orin nistered agent and ti FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change ☐ Addition MUNIZ ALBERT NAME NAME MUNIZ, ALBERT 2181-N.W. 1054 AUE STREET ADDRESS 15744 SW 46TH ST STREET ADDRESS CITY-ST-ZIF . CITY-ST-ZIP MIAMI FL TITLE Change ☐ Addition TITLE Delete NAME GUERRA, OLGA L. MAME 2181-13,W. 1004 AJE. STREET ADDRESS STREET ADDRESS 1032 W. 47TH CT CITY-ST-ZIP CITY-ST-ZIF MIAMI BCH FL 33141 Midmi, FL. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 amounted 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.

SIGNING OFFICER OF DIRECTOR

OR PRINTED NAME O

**FILED** 

305-326-9300