2004 FOR PROFIT CORPORATION ANNUAL-REPORT

FILED May 04, 2004 8:00 am **Secretary of State**

05-04-2004 90209 022 ***150.00

DOCU	MENT	# K5	7491
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1. Entity Name LOS GALLEGOS RESTAURANT, INC.



Principal Place of Business

Mailing Address

7171-7173 SW 8TH ST MIAMI, FL 33144

7171-7173 SW 8TH ST MIAMI, FL 33144

44044129



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 04282004 No Chg-P

. FEI Number			Applied For
65-0092023	 		Not Applicable
Certificate of Status Desired	\$8.7	5	Additional

Fee Required

6. Name and Address of Current Registered Agent

SAMPEDRO, JOSE 7171-7173 SW 8TH ST MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

				-	•	' ,
8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its regi	stered office or re	egistered agent, or both, i	in the State of Florida. I am I	iamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	if positionable (SIOTE: Book	istorad Agant signatus	required when reinstating)	DATE	
	Signature, typed or printed matter or registered agent and the	ii applicable. (NO12: hag	istered Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign F —Trust Fund Contributi 		\$5.00 May Be Added to Fees		
10	OFFICERS AND DIREC	CTORS	:			
TITLE NAME STREET AODRESS CITY-ST-ZIP	PSTD SAMPEDRO, JOSE 7171-7173 SW 8TH ST MIAMI, FL 33144		,			
TITLE: NAME STREET ADDRESS CITY-ST-ZIP						
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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:	Dlaura	Samuel	- Alcira	SAMPEDIO	04/20/	1 301 10 d 264 x63
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNIN	G OFFICER OF CRECTOR	7	Date	Daytime Phone #