

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # L02057

1. Entity Name
RESTAURANT SALVADORENO "EL ATLAKAT" CORP.



Principal Place of Business

**% ANA CHAVEZ
2273 NW 7 ST
MIAMI, FL 33125**

Mailing Address

**% JOSE CHAVEZ
2273 NW 7 ST
MIAMI, FL 33125**



05132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0128789

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHAVEZ, ANA
2273 NW 7TH STREET
MIAMI, FL 33125**

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CHAVEZ, ANA 2273 NW 7TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHAVEZ, JOSE P 2273 NW 7TH STREET MIAMI, FL
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07/01/04-80002-014 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #