

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000001407

1. Entity Name
DON JULIO ANTIGUOS EMPLEADOS DE EL ENCANTO,
INC.



Principal Place of Business
9625 SW 24 STREET #C-107
MIAMI, FL 33165-8045 US

Mailing Address
P.O. BOX 65-1026
MIAMI, FL 33265-1026 US



02142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1087157

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIYARES, JULIAN D MR
9625 SW 24 STREET #C-107
MIAMI, FL 33165-8045

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	MIYARES, JULIAN D
STREET ADDRESS	9625 SW 24 STREET #107
CITY-ST-ZIP	MIAMI, FL 331658045
TITLE	DP
NAME	GONZALEZ, JACINTO
STREET ADDRESS	6735 S.W. 16 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	DVP
NAME	TORRENS, MARIA J
STREET ADDRESS	1776 JAMES AVENUE #15 D
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DVS
NAME	GAJATE, ENEIDA
STREET ADDRESS	750 N.W. 32 PL
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	DVT
NAME	BLANCO, VICTOR
STREET ADDRESS	9223 S.W. 39 ST.
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	DT
NAME	PAYRET, ELIA H
STREET ADDRESS	9682 FOUNTAINBLEAU BLVD. #204
CITY-ST-ZIP	MIAMI, FL 33172

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03/02/05-80059-004 70.00

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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)(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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-01-05

305-229-1062

Date

Daytime Phone #