

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

**DOCUMENT # N01000002631**

1. Entity Name

HOGAR RESTAURACION, INC.



Principal Place of Business

109 APRIL LANE  
TAMPA FL 33613

Mailing Address

109 APRIL LANE  
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number  
59-3757904

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BERMUDEZ, FRANKIE  
6920 W. CLIFTON STREET  
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name - ALFRED PETERS

Street Address (P.O. Box Number is Not Acceptable)

6148 Oak Cluster Circle

City

Tampa

**FL**

Zip Code

33634

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

ALFRED PETERS

ALFRED PETERS

3/11/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME DIAZ, J. EDGAR  
STREET ADDRESS 4417 W. KNOLLWOOD STREET  
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete  
NAME CORTES, ANTONIO  
STREET ADDRESS 4514 W. SLIGH AVENUE  
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete  
NAME HERRERA, ELADIO  
STREET ADDRESS 6411 N. ARMENIA AVE., APT. 101  
CITY-ST-ZIP TAMPA FL 33614

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME TD  
STREET ADDRESS ELADIO HERRERA  
CITY-ST-ZIP 4949 MARLONISA DR # 510  
Tampa, FL 33624-6330

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELADIO HERRERA 3/11/04 (813) 963-7482

Date

Daytime Phone #