

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90128 027 ****70.00

DOCUMENT # N990000000031 1. Entity Name EL PAN DE VIDA, INC.					
Principal Place of Business 2152 WHISPER LAKES BLVD. ORLANDO, FL 32837				Mailing Address P.O. BOX 770416 ORLANDO, FL 32877	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3573347	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FELIZ, BENJAMIN 152 OAKWOOD DR. KISSIMMEE, FL 34743			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, JOSE A SR. DR. 13670 HAWK LAKE DR. ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, OLFA 13670 HAWK LAKE DR. ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELIZ, BENJAMIN 2306 SAPHIRE CT. KISSIMMEE, FL 34743		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARELA, ANGEL PO BOX 17973 TAMPA, FL 33682		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Irma Morales 2133 Flintlock Blvd Kissimmee, FL. 34743	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELIZ, DAMARIS 2306 SAPHIRE CT KISSIMMEE, FL 34743		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eduardo Reyes 7505 Thelma Way Orlando, FL. 32822	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIDAL, GABRIEL 620 URBANE RD. NE CLEVELAND, TN 37312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 like empowered.					
SIGNATURE: <i>Benjamin Feliz</i> BENJAMIN FELIZ, REG. AGENT 4/4/05 (407) 344-8600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					