

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # N990000000031

1. Entity Name  
EL PAN DE VIDA, INC.



05-21-2008 90032 001 \*\*\*\*\*8.75  
05-21-2008 90032 002 \*\*\*\*\*61.25

Principal Place of Business  
153 OAKWOOD DR.  
KISSIMMEE, FL 34743

Mailing Address  
P.O. BOX 770416  
ORLANDO, FL 32877

00011167



2. Principal Place of Business - No P.O. Box #

152 Oakwood Dr.

3. Mailing Address

Suite, Apt. #, etc.

04212008 Chg-NP CR2E037 (12/06)

City & State

Kissimmee, FL.

City & State

4. FEI Number  
59-3573347

Applied For  
Not Applicable

Zip  
34743

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES, JOSE A SR  
13670 HAWK LAKE DR.  
ORLANDO, FL 32837

Name  
Dr. Jose A. Reyes, Sr.  
Street Address (P.O. Box Number is Not Acceptable)  
13670 Hawk Lake Dr.

City Orlando FL Zip Code 32837

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

*Jose Antonio Reyes Sr.* Jose Antonio Reyes Sr.  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4 - 25 - 08

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

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	D	<input type="checkbox"/> Delete
NAME	REYES, JOSE A SR. DR.	
STREET ADDRESS	13670 HAWK LAKE DR.	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYES, OLFA	
STREET ADDRESS	13670 HAWK LAKE DR.	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, FELIPE	
STREET ADDRESS	12314 LEEK CT	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUNA, PEDRO	
STREET ADDRESS	903 WHARF LANE APT. 202	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYES, EDUARDO	
STREET ADDRESS	7505 THELMA WAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYES, JUAN	
STREET ADDRESS	2400 GLENRIDGE AVE	
CITY-ST-ZIP	KISSIMMEE, FL 34746	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandy Pagan	
STREET ADDRESS	3546 Woodberry Ct.	
CITY-ST-ZIP	Kissimmee, FL. 34746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lic. Julio Carrion	
STREET ADDRESS	120 Broadway Ave. Suite 203	
CITY-ST-ZIP	Kissimmee, FL. 34741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dr. Ruben Perez	
STREET ADDRESS	12355 S. John Young Pkwy	
CITY-ST-ZIP	Orlando, FL. 32837	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Jose Antonio Reyes Sr.* Jose Antonio Reyes Sr.  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #