## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P00000015269**

1. Entity Name

LA GOLONDRINA NICA RESTAURANT INC.



FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

1885 WEST FLAGLER ST. MIAMI, FL 33125 Mailing Address

1885 WEST FLAGLER ST. MIAMI, FL 33125



## DO NOT WRITE IN THIS SPACE

03162004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 65-0983574 Not Applied be

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYES, JOSE F 1885 WEST FLAGLER ST. MIAMI, FL 33125

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

4-20-04

Daylime Phone #

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 - FRANCISE PLYES  Y-20-04					
Seffailure, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent agniture required when reinstaling)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financin     Trust Fund Contribution.	19	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD CARDOZA, CARMEN F 1885 WEST FLAGLER ST. MIAMI, FL 33125			, 1	(1973) (1884-1975) (18. 1954-1975) (1931-1931)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYES, JOSE F 1885 WEST FLAGLER ST. MIAMI, FL 33125				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 cath, 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 attachryent with an address, with all other like empowered.					

Cordoza.
PRINTED NAME OF SIGNING OFFICER OR DIRECTOR