2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 17, 2008 8:00 am Secretary of State

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-17-2008 90060 032 ***150.00 1. Entity Name TORTILLERIA-FRITANGA GONZALEZ, CORP. Principal Place of Business Mailing Address 40111255 1170 WEST 26TH STREET #4 153 W. 21ST STREET HIALEAH, FL 33010 HIALEAH, FL 33011 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 153 West 21 Street Suite, Apt. #, etc. Suite, Apt. #, etc. 07092008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Hialeah Florida 65-1007968 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33010 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, ENGRACIA Street Address (P.O. Box Number is Not Acceptable) **153 W. 21ST STREET** HIALEAH, FL 33010 Zip Code City 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) FILE NOWING FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the П Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΩ ☐ Delete TITLE X Change adition TITLE GONZALEZ, LEONARDO NAME NAME 2005 East 3rd Avenue 1770 WEST-26TH STREET #4 STREET ADDRESS STREET ADDRESS Hialeah Florida 33010 CITY-ST-ZIP HIALEAH, FL 33010 CITY-ST-ZIP VD Change
Ch TITLE ☐ Delete TITLE Addition GONZALEZ, ENGRACIA NAME 2005 East 3rd Avenue NAME STREET ADDRESS 4-170 WEST 26TH STREET #4 STREET ADDRESS Hialeah Florida 33010 CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33010 ☐ Defete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST+ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Detete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP It whis filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information in its rule and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied indicated on this report or supplemental re-of the corporation or the receiver or puster changed, or on an attachment with with all other like empowered