

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000020100

1. Entity Name
EPICURE EXPRESS, INC.



Principal Place of Business
7736 N.W. 76 AVE
MIAMI, FL 33166

Mailing Address
7736 N.W. 76 AVE
MIAMI, FL 33166



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1093319

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, ALFREDO
9390 SW 124ST
MIAMI, FL 33176

**DO NOT WRITE
IN THIS SPACE**

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)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000694875
04/17/07-80037-011 158.75

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ALVAREZ, ALFREDO
STREET ADDRESS	7736 N.W. 76 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	DT
NAME	ALVAREZ, RADY M
STREET ADDRESS	7736 N.W. 76 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	DVS
NAME	CONDE, YVONNE M
STREET ADDRESS	7736 N.W. 76 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rady M Alvarez RADY M ALVAREZ

4/5/2007

888-8999

Date

Daytime Phone #