

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90046 023 ***150.00

DOCUMENT # P01000030855

1. Entity Name
LOS CHAPARROS, INC.



Principal Place of Business
**12270 WEST COLONIAL DR STE 112
WINTER GARDEN, FL 34787**

Mailing Address
**12270 WEST COLONIAL DR STE 112
WINTER GARDEN, FL 34787**



2. Principal Place of Business

3. Mailing Address

01082004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3706988

Applied For
Not Applied

Zip

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

**GONZALEZ, ROBERTO A
2714 CULLEN'S CT
OCOE, FL 34761**

Name
GIOVANI GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

1601 PRESIDIO DR

City
clermont

FL Zip Code
34711

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS

11.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GONZALEZ, ROBERTO
2714 CULLEN'S CT
OCOE, FL 34761**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GONZALEZ GIOVANI
1601 PRESIDIO DR
clermont, FL 34711**

☐ Change ☒ Add

TITLE
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GONZALEZ, GIOVANI
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OCOE, FL 34761**

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11, 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

Date

Daytime Phone #

1/9/04

407-222-420