

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000048925**

1. Entity Name  
**ESTHER'S RESTAURANT @ 27TH AVE. INC.**



Principal Place of Business  
**17721 NW 27TH AVE.  
MIAMI, FL 33169**

Mailing Address  
**17721 NW 27TH AVE.  
MIAMI, FL 33169**



01262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1104057**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CATA, JOSE  
7203 DADE PINE COURT  
MIAMI LAKES, FL 33016**

**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 re-registering)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000091390  
03/18/04-80007-018 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
CATA, JOSE  
7203 DADE PINE COURT  
MIAMI LAKES, FL 33016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
SUAREZ, PABLO E  
7961 NW 159TH TERR  
MIAMI LAKES, FL 33016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
GIL, TOMAS  
15111 FALKIRK PL.  
MIAMI LAKES, FL 33016**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
SUAREZ, TONY  
16002 NW 79TH COURT  
MIAMI LAKES, FL 33016**

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 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 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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_