

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000072750

1. Entity Name
LA PARRILLA DE RODRIGO, INC.



Principal Place of Business
**2208 S CYPRESS BEND DR
STE 107
POMPANO BEACH, FL 33069**

Mailing Address
**2208 S CYPRESS BEND DR
STE 107
POMPANO BEACH, FL 33069**



01162006 No Chg-P CR2E034 (1/1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1127207	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TREGER, MARCELO
8000 W DR APT 224
N BAY VILLAGE, FL 33141**

**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)
Signature, typed or printed name and address of agent and fee if applicable.

NO CHANGE
(NOTE: Registered Agent signature required when relinquishing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000421257
02/16/06-80029-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TREGER, MARCELO
STREET ADDRESS	8000 W DR APT 224
CITY-ST-ZIP	N BAY VILLAGE, FL 33141

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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) **Marcelo Treger**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06 9349707260
Date Daytime Phone #