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2004 FOR PROFIT CORPORATION ANNUAL REPORT

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04 JUL 13 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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05132004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000080692

1. Entity Name
PONELOYA NICARAGUAN CUISINE, INC.

Principal Place of Business	Mailing Address
11070 W. FLAGLER ST MIAMI, FL 33174	11070 W. FLAGLER ST MIAMI, FL 33174

2. Principal Place of Business	3. Mailing Address
11070 W Flagler st	11070 W Flagler st
Suite, Apt. #, etc. Miami FL 33174	Suite, Apt. #, etc. MiAMi Fl 33174
City & State	City & State
Zip 33174 Country DADE	Zip 33174 Country DADE

4. FEI Number 01-0589008 ☐ Applied For ☐ Not Applicable

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
~~ROMERO, FRANCIS L~~ 9461 SW 7 LANE ~~MIAMI, FL 33174~~	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

Correction 9461 SW 7th lane Miami Fl 33174 FR

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] June 12/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROMERO, FRANCIS L 9461 SW 7 LANE MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAIRENA, FLORA M 9461 SW 7 LANE MIAMI, FL 33174 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 #