


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91000 023 ***150.00

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P02000010182 1. Entity Name EL GATO TUERTO, INC. | | | |  | |
| Principal Place of Business 1200 SW 8 ST MIAMI, FL 33135 | | | Mailing Address 1200 SW 8 ST MIAMI, FL 33135 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| <div style="display: flex; justify-content: space-between;"> 04012004 Chg-P CR2E034 (10/03) </div> | | | | | |
| 4. FEI Number 01-0616638 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| HECTOR, LEONARDO 5355 SW 146TH AVENUE MIAMI, FL 33175 | | | Name Street Address (P.O. Box Number is Not Acceptable) 2871 SW 133 Ave City Miami FL Zip Code 33175 | | |
| 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: <i>x Leonardo Hector</i> DATE: <i>04/19/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | SVD HECTOR, LEONARDO 5355 SW 146 AVE MIAMI, FL 33175 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2871 SW 133 Ave Miami FL 33175 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>x Leonardo Hector</i> | | | Date: <i>04/19/04</i> Daytime Phone #: <i>(305) 860 8999</i> | | |