2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2004 08:00 AM Secretary of State

DOCUMENT # P02000040989 1. Entity Name RINCON CAMAGUEYANO RESTAURANT, INC.					Secret	ary of St	ate
·	e of Business	Mailing Address					
1167 WEST HIALEAH, FL		_1167 WEST 29 STREET HIALEAH, FL 33012					
		······································					
DO NOT WRITE IN THIS SPACE				04232004 4. FEI Numbe	No Chg-P	CR2E034 (10/0)	Applied For
				65-083			Not Applicable
				5. Gertificate	of Status Desired	□ \$8.75 A Fee Requ	
·	Name and Address of Current	Registered Agent					
OLIVA, LU 1011 W. 31 HIALEAH,	0TH ST				NOT W	, ,	
	named entity submits this statement for	or the purpose of changing its register	ed office or register	ed agent, or bot	h. in the State of Flo	rida. I am familiar wi	lh, and accept
the obligat	ions of registered agent						
SIGNATURE_	Signations, typed or printed dates of registered agent	and little if applicable (NOTE Registero	d Agent agestare regains	rwhon remalating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campaign Final Trust Fund Contribution	ncing \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND	DIRECTORS	1	······································	,		Abstractive to a track of the
NAME SIPELT ADDRESS CITY ST-ZIP	PSTD OLIVA, ŁUIS E 1011 W 30TH STREET HIALEAH, FL 33012				U110000 04/29/04+	139870 80137-023 1	50.00
THE NAME STREET ADDRESS CITY-ST-ZIP							
THTLE NAME STREET ADDRESS OUTVISTIZEF						RITE	
TITLE NAME STREET ADDRESS GITY ST. ZIP			IN THIS SPACE				
FIFLE NAME STREET ADDRESS CITY-SY-ZE							
TITLE HAME STREET ADDRESS							

12. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR