

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000049240</b>	
1. Entity Name EL MEJOR GUSTO LATINO, INC.	
Principal Place of Business 16362 N.W. 16 STREET PEMBROKE PINES, FL 33028	Mailing Address 16362 N.W. 16 STREET PEMBROKE PINES, FL 33028



07022004 No Chg-P CR2EG34 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0676741	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

REYES, LOURDES  
16362 N.W. 16 STREET  
PEMBROKE PINES, FL 33028

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BAEZ, JORGE
STREET ADDRESS	16362 N.W. 16 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	S
NAME	REYES, LOURDES
STREET ADDRESS	16362 N.W. 16 STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000172410  
09/21/04-80001-016 150.00

**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)(f), 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:

*Loures Reyes* Lourdes Reyes

9/1/04

(954) 392-3961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #