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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

04 JUL 27 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO2000064395**

1. Entity Name
La Nueva San Salvador Restaurant, Corp.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4601 W. Flagler St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33134

Country

Zip

Country

4. FEI Number
74-3048376

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Portillo, Jose T.

Street Address (P.O. Box Number is Not Acceptable)
4601 W. Flagler St.

City
Miami

FL | Zip Code
33134

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.

600040255446
08/17/04--01067--002 **\$150.00

SIGNATURE: _____

Signature, typed or stamped name of registered agent and title if applicable (NOTE: Registered Agent signature required when canceling)

DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$500.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Portillo, Jose T. 4601 W. Flagler St. Miami, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Pineda, Sofia 4601 W. Flagler St. Miami, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 007, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with authority to be empowered.

SIGNATURE: _____

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Telephone _____

CR2ED34E (12/02)

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2004 or any other notice from the Division of Corporations in respect with the Corporation **LA NUEVA SAN SALVADOR RESTAURANT, CORP.**

Thank you for your courtesy in this matter.



**SOFIA PINEDA
PRESIDENT**