

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90073 034 ***150.00



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1. Entity Name

TORTILLERIA Y MERCADITO CATRACHO INC.

Principal Place of Business

**756 W FLAGLET ST.
MIAMI FL 33130**

Mailing Address

**756 W FLAGLET ST.
MIAMI FL 33130**

2. Principal Place of Business

765 W FLAGLET ST

Suite, Apt. #, etc.

1

3. Mailing Address

765 W FLAGLET ST

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL 33130

Zip

33130

Country

MIAMI Dade

Zip

33130

Country

MIAMI Dade

6. Name and Address of Current Registered Agent

**CAMPOS, GUSTAVO
1031 NW 27TH ST
MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **CAMPOS, GUSTAVO**
STREET ADDRESS **1031 NW 27TH ST**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **VD** ☐ Delete
NAME **CAMPOS, DELCY**
STREET ADDRESS **1031 NW 27TH ST**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #