

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90236 040 ***150.00

DOCUMENT # P02000086681	
1. Entity Name EL RINCONCITO SALVADORENO, INC.	

Principal Place of Business 8029 KIMBERLY BLVD. NORTH LAUDERDALE, FL 33068	Mailing Address 8029 KIMBERLY BLVD. NORTH LAUDERDALE, FL 33068
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DO NOT WRITE IN THIS SPACE



03042008 No Chg-P CR2E034 (11/05)

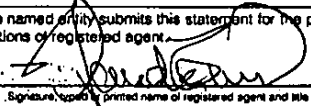
4. FEI Number 08-0518250	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

TORRES, SANDRA
8029 KIMBERLY BLVD
NORTH LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

9. 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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

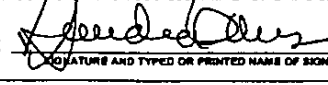
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TORRES, SANDRA 8029 KIMBERLY BLVD. NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HERNANDEZ, JUAN F 8029 KIMBERLY BLVD. NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: _____ Daytime Phone: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR