

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90045 018 ***150.00

DOCUMENT # P02000091286

1. Entity Name
POLLO CRISPY, INC.



Principal Place of Business

**8851 SW 142 AVE.
SUITE 1632
MIAMI, FL 33186**

Mailing Address

**8851 SW 142 AVE.
SUITE 1532
MIAMI, FL 33186**

14005555



2. Principal Place of Business

4315 NW 7 ST.

3. Mailing Address

4315 NW 7 ST.

Suite, Apt. #, etc.

#51

Suite, Apt. #, etc.

#51

City & State

MIAMI FL

City & State

MIAMI FL

04072004

Chg-P

CR2E034 (10/03)

4. FEI Number

11-3649383

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KHAWAN CHAKAR, ELIAS F
8851 SW 142 AVE.
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name
KHAWAN CHAKAR, ELIAS F.

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

4315 NW 7 ST.

#51

City **MIAMI**

FL

Zip Code

33126

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

Elias F. Khawan

REGISTERED AGENT

04/07/04

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **TEARIZZI, CAMELA A**
STREET ADDRESS **8851 SW 142 AVE, SUITE 1632**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **PD** ☒ Delete
NAME **KHAWAN CHAKAR, ELIAS F**
STREET ADDRESS **8851 SW 142 AVE, SUITE 1522**
CITY-ST-ZIP **MIAMI, FL 33186**

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 **VD** ☒ Change ☐ Addition
NAME **TEARIZZI, CAMELA A**
STREET ADDRESS **4315 NW 7TH ST. #51**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE **PD** ☒ Change ☐ Addition
NAME **KHAWAN CHAKAR ELIAS F.**
STREET ADDRESS **4315 NW 7 ST #51**
CITY-ST-ZIP **MIAMI FL 33126**

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

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: ☒

Elias F. Khawan

PRESIDENT

04/07/04

(305) 461-1244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #