2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2007 08:00 A Secretary of State

DOCUMENT # P02000091286 1. Entity Name POLLO CRISPY, INC.				Secretary of Sta			
•	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	1			
4315 NW 7 #51	ST.	4315 NW 7 ST. #51		1			
MIAMI, FL 33126 MIAMI, FL 33126							
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				5. Certificate of St	atus Desired		5 Additional equired
1	6. Name and Address of Current Re	gistered Agent	LOS TOPEN	** 04 977045-4	1000	il During	Pieto Z. Patron
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#51				IN TH	IIS SP	ACF.	
MIAMI, FL 33126				a Jac			74.5 T. 180.
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	e named entity submits this statement for the tions of registered agent.	e purpose of changing its regist	tered office or register	ed agent, or both, in	the State of Flori	da. I am familia	r with, and accept
_	-						
SIGNATURE.	Signature, typed or printed name of registered agent and	tered Agent signature required	when reinstating)		DATE	 _	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS	make deal	(1955) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Selen Sen	ALL BURSH
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12. I hereby certify that the information supplied with this filling 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.

ELIAS F. KHAWNO

PRESIDENT

SIGNATURE:

DREAND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

03/39/07

-305-2449330