

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000091286**

1. Entity Name  
POLLO CRISPY, INC.



Principal Place of Business

4315 NW 7 ST.  
#51  
MIAMI, FL 33126

Mailing Address

4315 NW 7 ST.  
#51  
MIAMI, FL 33126



03032008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3649383

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

KHAWAN CHAKAR, ELIAS F  
4315 NW 7 ST.  
#51  
MIAMI, FL 33126

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

04-13-08-80019-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE VD  
NAME TEARIZZI, CAMELA A  
STREET ADDRESS 4315 NW 7TH ST, #51  
CITY-ST-ZIP MIAMI, FL 33126

TITLE PD  
NAME KHAWAN CHAKAR, ELIAS F  
STREET ADDRESS 4315 NW 7 ST., #51  
CITY-ST-ZIP MIAMI, FL 33126

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:**

*Elias F. Khawan*

ELIAS F. KHAWAN  
PRESIDENT

03/01/08 (30) 2442330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #