

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90247 034 \*\*\*150.00

**DOCUMENT # P02000110982**

**1. Entity Name**

**PALADAR CAFE, INC.**



**Principal Place of Business**

**8897 NW 177 TER  
MIAMI FL 33018**

**Mailing Address**

**8897 NW 177 TER  
MIAMI FL 33018**

**2. Principal Place of Business**

**3185 W 76 ST**

**Suite, Apt. #, etc.**

**U-1**

**City & State**

**HIALEAH FL**

**Zip**

**33012**

**Country**

**USA**

**3. Mailing Address**

**3185 W 76 ST**

**Suite, Apt. #, etc.**

**U-1**

**City & State**

**HIALEAH FL**

**Zip**

**33012**

**Country**

**USA**



**MOORE**

**CR2E034 (11/03)**

**4. FEI Number**

**27-0033354**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

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

**PEREZ, MARIA D  
8897 NW 177 TER  
MIAMI FL 33018**

**7. Name and Address of New Registered Agent**

**Name**

**EDUARDO INTERIAN**

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

**3185 W 76 ST**

**HIALEAH**

**City**

**FL**

**Zip Code**

**33012**

**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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4-8-04**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004: 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**

|                       |                        |  |
|-----------------------|------------------------|--|
| <b>TITLE</b>          | <b>DP</b>              | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b>           | <b>PEREZ, MARIA D</b>  |  |
| <b>STREET ADDRESS</b> | <b>8897 NW 177 TER</b> |  |
| <b>CITY-ST-ZIP</b>    | <b>MIAMI FL 33018</b>  |  |
| <b>TITLE</b>          | <b>DV</b>              | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b>           | <b>ORTUZ, CANDIDO</b>  |  |
| <b>STREET ADDRESS</b> | <b>8897 NW 177 TER</b> |  |
| <b>CITY-ST-ZIP</b>    | <b>MIAMI FL 33018</b>  |  |
| <b>TITLE</b>          |                        | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                        |  |
| <b>STREET ADDRESS</b> |                        |  |
| <b>CITY-ST-ZIP</b>    |                        |  |
| <b>TITLE</b>          |                        | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                        |  |
| <b>STREET ADDRESS</b> |                        |  |
| <b>CITY-ST-ZIP</b>    |                        |  |
| <b>TITLE</b>          |                        | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                        |  |
| <b>STREET ADDRESS</b> |                        |  |
| <b>CITY-ST-ZIP</b>    |                        |  |
| <b>TITLE</b>          |                        | <input type="checkbox"/> Delete            |
| <b>NAME</b>           |                        |  |
| <b>STREET ADDRESS</b> |                        |  |
| <b>CITY-ST-ZIP</b>    |                        |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                       |                          |  |
|-----------------------|--------------------------|--|
| <b>TITLE</b>          | <b>EDUARDO INTERIAN</b>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>           | <b>3185 W 76 ST</b>      |  |
| <b>STREET ADDRESS</b> | <b>U-1</b>               |  |
| <b>CITY-ST-ZIP</b>    | <b>HIALEAH, FL 33012</b> |  |
| <b>TITLE</b>          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                          |  |
| <b>STREET ADDRESS</b> |                          |  |
| <b>CITY-ST-ZIP</b>    |                          |  |
| <b>TITLE</b>          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                          |  |
| <b>STREET ADDRESS</b> |                          |  |
| <b>CITY-ST-ZIP</b>    |                          |  |
| <b>TITLE</b>          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                          |  |
| <b>STREET ADDRESS</b> |                          |  |
| <b>CITY-ST-ZIP</b>    |                          |  |
| <b>TITLE</b>          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>           |                          |  |
| <b>STREET ADDRESS</b> |                          |  |
| <b>CITY-ST-ZIP</b>    |                          |  |

**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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**305 820 7050 4/8/04**

Daytime Phone #