

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000119121

1. Entity Name
TICO'S LATIN AMERICAN RESTAURANT, INC.



Principal Place of Business
2470 SHERIDAN STREET
HOLLYWOOD, FL 33020

Mailing Address
2470 SHERIDAN STREET
HOLLYWOOD, FL 33020



02162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4219813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARABALLO-CEDENO, SERAPIO
2470 SHERIDAN STREET
HOLLYWOOD, FL 33020

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 20-07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U000000645093
03/02/07-80069-022 150.00

10. OFFICERS AND DIRECTORS

TITLE PT
NAME CARABALLO-CEDENO, SERAPIO
STREET ADDRESS 2470 SHERIDAN STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE VS
NAME CARABALLO, CARMEN G
STREET ADDRESS 2470 SHERIDAN STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 20-07 (954) 929-2222