


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90058 015 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P03000005460</b>                  |  |
| 1. Entity Name<br><b>CHICKEN'L MINUTO, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>9101 SW 167TH COURT<br/>MIAMI FL 33196</b> | Mailing Address<br><b>9101 SW 167TH COURT<br/>MIAMI FL 33196</b> |
|--|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business<br><b>9860 SW 40th Street</b> | 3. Mailing Address  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. |

|                                  |              |
|----------------------------------|--------------|
| City & State<br><b>Miami, FL</b> | City & State |
|----------------------------------|--------------|

|                     |                        |     |         |
|---------------------|------------------------|-----|---------|
| Zip<br><b>33165</b> | Country<br><b>Dade</b> | Zip | Country |
|---------------------|------------------------|-----|---------|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>57-1153640</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>TORRES, PATRICIO<br/>9101 SW 167TH COURT<br/>MIAMI FL 33196</b> |  |
|---|--|

|  |                    |
|--|--------------------|
| 7. Name and Address of New Registered Agent        |                    |
| Name   |                    |
| Street Address (P.O. Box Number is Not Acceptable) |                    |
| City   | <b>FL</b> Zip Code |

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, 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   |                                 |
|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Delete |
| <b>D<br/>TORRES, PATRICIO<br/>9101 SW 167TH COURT<br/>MIAMI FL 33196</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Delete |
| <b>D<br/>LEIVA, DERWIN<br/>9101 SW 167TH COURT<br/>MIAMI FL 33196</b>    |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Delete |
|  |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                           | <input type="checkbox"/> Delete |
|  |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                     |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>P<br/>TORRES, PATRICIO<br/>9101 SW 167th Court<br/>Miami, FL 33196</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>V<br/>Leiva, Derwin<br/>9101 SW 167th Court<br/>Miami, FL 33196</b>    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|   |  |

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 or other like empowered.

**SIGNATURE:** Patricio Torres **2/16/04** **786 326 7922**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #