

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90014 048 \*\*\*158.65

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1. Entity Name  
**POLINECIO RESTAURANTE, CORP.**



Principal Place of Business  
**5396 WEST 12TH AVENUE  
HIALEAH, FL 33012**

Mailing Address  
**5396 WEST 12TH AVENUE  
HIALEAH, FL 33012**

**44015553**



2. Principal Place of Business

3. Mailing Address

02112004

0000

0000 0000000000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**06-1676359**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** 00000000  
0000 000000

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOCARRAS, JUAN ALBERTO  
5396 WEST 12TH AVENUE  
HIALEAH, FL 33012**

Name

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

City

**FL**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** 000000  
0000000000

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **FTD DIAZ, DANIEL**  
STREET ADDRESS **5396 WEST 12TH AVENUE**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete  
NAME **VSD SOCARRAS, JUAN ALBERTO**  
STREET ADDRESS **5396 WEST 12TH AVENUE**  
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **VICE PRESIDENT**  
STREET ADDRESS **Daniel Diaz**  
CITY-ST-ZIP **5396 NW 12TH Avenue**  
**Hialeah, FL 33012**

TITLE ☒ Change ☐ Addition  
NAME **PRESIDENT**  
STREET ADDRESS **SOCARRAS JUAN ALBERTO**  
CITY-ST-ZIP **5396 W 12th AVENUE**  
**HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #