

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90097 037 ***158.75

DOCUMENT # P03000025710

1. Entity Name
SOUTH FLORIDA SUBS CORPORATION



Principal Place of Business
**2600 NW 87TH AVE STE NO 10
MIAMI, FL 33172**

Mailing Address
**2600 NW 87TH AVE STE NO 10
MIAMI, FL 33172**



2. Principal Place of Business
10425 N.W. 41 ST. ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FLORIDA

City & State

4. FEI Number
41-2088017

Applied For
Not Applicable

Zip
33178

Country
U.S.A.

Zip

Country

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

6. Name and Address of Current Registered Agent

**GONZALEZ, CARLOS D
2600 NW 87TH AVE STE NO 10
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

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 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GONZALEZ, CARLOS D**
STREET ADDRESS **2600 NW 87TH AVE STE NO 10**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **D** ☐ Delete
NAME **BOHORGUEZ, JORGE L**
STREET ADDRESS **2600 NW 87TH AVE STE NO 10**
CITY-ST-ZIP **MIAMI, FL 33172**

TITLE **D** ☐ Delete
NAME **JEREZ, JORGE E**
STREET ADDRESS **2600 NW 87TH AVE STE NO 10**
CITY-ST-ZIP **MIAMI, FL 33172**

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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

04/06/2004 (305) 436 6667

Date

Daytime Phone #