

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91032 045 ***150.00

DOCUMENT # P03000030644

1. Entity Name

EL PLATO LATINO CORP.



Principal Place of Business

12110 SW 117TH CT.
MIAMI FL 33186

Mailing Address

12110 SW 117TH CT.
MIAMI FL 33186

2. Principal Place of Business

220 N. UNIVERSITY DR.

3. Mailing Address

220 N UNIVERSITY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FLA

City & State

Pembroke Pines FLA

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number

74-3084724

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, RAMON
1220 SW 14TH ST.
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name ROBERTO FIALLO

Street Address (P.O. Box Number is Not Acceptable)
4850 CAMPO SAND CT.

City CORAL GABLES

FL

Zip Code 33146

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]

(ROBERTO FIALLO vice President)

4-30-04

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 PD
NAME BELAUNDE, ALDO R
STREET ADDRESS 14010 SW 105TH ST.
CITY-ST-ZIP MIAMI FL 33186

TITLE VSD
NAME FIALLO, ROBERTO C
STREET ADDRESS 2477 NW 187TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT/TREASURER
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE-PRESIDENT/SECRETARY
NAME FIALLO, ROBERTO
STREET ADDRESS 4850 CAMPO SAND CT
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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] ROBERTO C FIALLO (VICE-PRESIDENT)

4-30-04

305-216-1112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #