


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90008 047 ***150.00

DOCUMENT # P03000038875	
1. Entity Name AILEEN TAVERN, INC.	

Principal Place of Business 2898 NW 7TH AVENUE MIAMI, FL 33127	Mailing Address 2898 NW 7TH AVENUE MIAMI, FL 33127
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54058901



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06202004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0776953	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAZQUEZ, ROSA A 4127 NW 2ND AVENUE MIAMI, FL 33127	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VAZQUEZ, ROSA A 4127 NW 2ND AVENUE MIAMI, FL 33127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE: **ROSA A. VAZQUEZ** **ROSA VAZQUEZ** 06/14/04 (305) 638-7090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

5405-8901

Miami, Florida

June 14, 2004

Aileen Tavern, Inc.
2898 NW 7th Avenue
Miami, Fl 33127

Division of Corporations
Annual Report Section

RE: AILEEN TAVERN INC. DOC #P03000038875

Dear: Sir/Madam

As per our telephone conversation I explained you that the check #1080 where I paid the Annual Report was loss in the mail and I replacing with this new check #1083. Please enclosed I am sending you a copy of my check's stub where you can see the date when I sent the payment for the Annual Report and it never appear. I called to the bank to be sure that this check it was not cashed and I am sending you this new payment.

I really appreciate your cooperation in this matter and I hope that this information can clarify this situation.

Sincerely, truly yours

Rosa A. Vazquez
Rosa A. Vazquez, President

Attachment

54058901

70300038875

00017237

1079		BALANCE BROUGHT FORWARD	
DATE	4-7-04		
PAY TO	Florida Tel.		
FOR	Rent 2898.00	DEPOSITS	1300.
	TOTAL		1200.00
	THIS CHECK		
	OTHER TRANS +/-		
	BALANCE		

TAX DEDUCTIBLE ☐ 0315900907001 GREEN MARBLE XNB



1080		BALANCE BROUGHT FORWARD	
DATE	4/16/04		
PAY TO	DEPARTMENT OF STATE		
FOR	CORPORATE RENEWAL 2004	DEPOSITS	9,300.00
	TOTAL		
	THIS CHECK		150.00
	OTHER TRANS +/-		
	BALANCE		

TAX DEDUCTIBLE ☐ 0315900907001 GREEN MARBLE XNB

1081		BALANCE BROUGHT FORWARD	
DATE	4/14/04		
PAY TO	SC Gramphe.		
FOR	Acct. 4/14/04	DEPOSITS	2,150.00
	TOTAL		
	THIS CHECK		4,340.00
	OTHER TRANS +/-		
	BALANCE		1,716.00

TAX DEDUCTIBLE ☐ 0315900907001 GREEN MARBLE XNB