

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000045485

Entity Name: POLLO TIPICO, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5011 S. STATE RD 7  
BAY 101-3  
DAVIE, FL 333145637 US

**New Principal Place of Business:**

**Current Mailing Address:**

5011 S. STATE RD 7  
BAY 101-3  
DAVIE, FL 333145637 US

**New Mailing Address:**

FEI Number: 14-1881042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SALCEDO, DANILO  
5011 S STATE RD 7  
BAY 102  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SALCEDO, DANILO  
Address: 5011 S STATE RD 7 BAY 102  
City-St-Zip: DAVIE, FL 33314 US

Title: D  
Name: SALCEDO, FRANCIA  
Address: 5011 S STATE RD 7 BAY 102  
City-St-Zip: DAVIE, FL 33314

Title: D  
Name: BONILLA, LUIS  
Address: 5011 S STATE ROAD 7 BAY 101-3  
City-St-Zip: DAIE, FL 33314 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUIS BONILLA

D

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date