
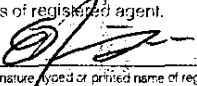
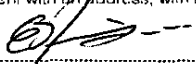


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-16-2004 90012 016 ***150.00

DOCUMENT # P03000047415			
1. Entity Name CRIOLLO RESTAURANT, CORP.			
Principal Place of Business 4410 WEST 18 AVENUE BAY # 1-A HIALEAH, FL 33012		Mailing Address 4410 WEST 18 AVENUE BAY # 1-A HIALEAH, FL 33012	
2. Principal Place of Business 7250 W 24 Ave		3. Mailing Address 7250 W 24 Ave	
Suite, Apt. #, etc. Bay 7 & 8		Suite, Apt. #, etc. Bay 7 & 8	
City & State Hialeah FL 33016		City & State Hialeah FL 33016	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NUNEZ, EMILIO 2943 NW 14 STREET HIALEAH, FL 33125		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:  DATE: 06/07/04 <small>Signature typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-STATE-ZIP	PD NUNEZ, EMILIO 2943 NW 14 STREET HIALEAH, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD NUNEZ, HILDELISA C 2943 NW 14 STREET HIALEAH, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: 		Date: 06/07/04 (305) 6351537 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

54057639



06072004 Chg-P CR2E034 (10/03)

4. FEI Number **243088812** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

Attachment

54057639

June 9, 2004

DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE FL 32302-1500

Re: DOCUMENT #P03000047415

To whom-it may concern,

I, Emilio Nunez, president of Criollo Restaurant, am writing this letter to inform that I did not send the Annual Report with the required fee on time because I did not received the report and since this is the first year I did not know it had to be paid.

Please accept my apology and my payment.

Sincerely,



EMILIO NUNEZ