

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

08-05-2004 90004 022 \*\*\*150.00

**DOCUMENT # P03000058476**

1. Entity Name

THE CUBAN SANDWICH, INC.



Principal Place of Business

435 NORTH HARBOUR CITY BLVD.  
MELBOURNE FL 32935

Mailing Address

435 NORTH HARBOUR CITY BLVD.  
MELBOURNE FL 32935

54066979



MOORE

CR2E034 (4/04)

2. Principal Place of Business

101 S. Babcock St.

Suite, Apt. #, etc.

Melbourne, FL 32901

City & State

3. Mailing Address

101 S. Babcock St.

Suite, Apt. #, etc.

Melbourne, FL 32901

City & State

4. FEI Number

01-0790219

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip  
32901

Country  
U.S.A.

Zip  
32901

Country  
U.S.A.

6. Name and Address of Current Registered Agent

RIPOLL, ROBERT  
435 NORTH HARBOUR CITY BLVD.  
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name  
Ripoll

Street Address (P.O. Box Number is Not Acceptable)

101 S Babcock St.

City  
melbourne

FL

Zip Code  
32901

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

*Robert Ripoll*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8-2-04

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RIPOLL, ROBERT  
1404 D ATLANTIC STREET  
MELBOURNE BEACH FL 32951 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RIPOLL, CATHERINE  
1404 D ATLANTIC STREET  
MELBOURNE BEACH FL 32951 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Ripoll ROBERT  
829 N. Harbor City Blvd.  
Melbourne FL 32935 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Ripoll Catherine  
829 N. Harbor City Blvd  
Melbourne FL 32935 ☒ Change ☐ Addition

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

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

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

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

*Robert Ripoll*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-04

Date

321 768-7889

Daytime Phone #