

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90406 028 \*\*\*150.00

**DOCUMENT # P03000073024**

1. Entity Name

LAS TUNAS CAFETERIA & RESTAURANT, INC.



Principal Place of Business

2969 SW 17 ST.  
MIAMI FL 33145

Mailing Address

2969 SW 17 ST.  
MIAMI FL 33145

2. Principal Place of Business

30 NE 3 AVE

3. Mailing Address

30 NE 3 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

02-0697786

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOSE, HORTA-R  
2969 SW 17 ST  
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name BANGO, NEIDA M

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

30 NE 3 AVE

City

MIAMI

FL

Zip Code

33132

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, 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 P ☒ Delete  
NAME JOSE, HORTA R  
STREET ADDRESS 2969 SW 17 ST  
CITY-ST-ZIP MIAMI FL 33145

TITLE VP ☐ Delete  
NAME NEIDA, BANGO M  
STREET ADDRESS 2969 SW 17 ST  
CITY-ST-ZIP MIAMI FL 33145

TITLE SECR ☐ Delete  
NAME CARLOS, BANGO  
STREET ADDRESS 2969 SW 17 ST  
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE PRESIDENT - ☒ Change ☐ Addition  
NAME BANGO, NEIDA M.  
STREET ADDRESS 30 NE 3 AVE  
CITY-ST-ZIP MIAMI, FL 33132

TITLE VP ☒ Change ☐ Addition  
NAME BANGO, CARLOS  
STREET ADDRESS 30 NE 3 AVE  
CITY-ST-ZIP MIAMI, FL 33132

TITLE SEC. ☐ Change ☒ Addition  
NAME FUENTES JULIA E  
STREET ADDRESS 30 NE 3 AVE  
CITY-ST-ZIP MIAMI, FL 33132

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

TITLE ☐ Change ☐ Addition  
NAME  
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/04 305-377-4552