

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000079173

**FILED**  
**Oct 19, 2005**  
**Secretary of State**

**Entity Name:** LATIN FLAVORS ENTERPRISE INC.

**Current Principal Place of Business:**

17305 SW 13TH STREET  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

4801 N.W. 128TH STREET ROAD  
OPA LOCKA, FL 33054 US

**Current Mailing Address:**

17305 SW 13TH STREET  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

4801 N.W. 128TH STREET ROAD  
OPA LOCKA, FL 33054 US

**FEI Number:** 20-0136591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, ALEJANDRO J  
4801 NW 128TH ROAD  
OPA LOCKA, FL 33054 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: ALEJANDRO J. GARCIA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: GARCIA, ALEJANDRO J  
Address: 4801 NW 128 ROAD  
City-St-Zip: OPA LOCKA, FL 33054 US

Title: DT ( ) Delete  
Name: SEQUEIRA, ROBERTO  
Address: 4801 NW 128 ROAD  
City-St-Zip: OPA LOCKA, FL 33054

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALEJANDRO J. GARCIA

PST

10/19/2005

Electronic Signature of Signing Officer or Director

Date