

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90030 013 \*\*\*150.00

**DOCUMENT # P03000079255**

1. Entity Name  
POLLO REAL INC.



Principal Place of Business

2810 WESTON RD.  
WESTON, FL 33331

Mailing Address

2810 WESTON RD.  
WESTON, FL 33331

2. Principal Place of Business - No P.O. Box #

2810 Weston Rd

3. Mailing Address

2810 Weston Rd



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302007

Chg-P

CR2E034 (12/06)

City & State

Weston, Florida

City & State

Weston Florida

4. FFI Number

74-3099429

Applied For

Not Applicable

Zip

33331

Country

USA

Zip

33331

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GORDILLO, GUSTAVO E  
2810 WESTON RD  
WESTON, FL 33331

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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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  
DP  
GORDILLO, GUSTAVO E  
4282 E SENECA AVE  
WESTON, FL 33332 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
DV  
GORDILLO, ELIZABETH E  
4282 E SENECA AVE  
WESTON, FL 33332 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
NAME  
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CITY ST ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/30/07