

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 02, 2004 8:00 am
Secretary of State

05-03-2004 91053 015 ***150.00

DOCUMENT # P03000086193 1. Entity Name BITES ON WHEELS V, INC.					
Principal Place of Business 6815 BISCAYNE BLVD MIAMI, FL 33138			Mailing Address 6815 BISCAYNE BLVD MIAMI, FL 33138		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent ESPAILLAT, LEOPOLDO 6815 BISCAYNE BLVD MIAMI, FL 33138				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, if applicable. (NOTE: Registered Agent signature required when monitoring)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ESPAILLAT, LEOPOLDO		NAME		
STREET ADDRESS	6815 BISCAYNE BLVD		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33138		CITY- ST- ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ESPAILLAT, DAYANA		NAME		
STREET ADDRESS	6815 BISCAYNE BLVD		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33138		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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)(g), 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: 4/24/04 (20) 258-2787 Chapter Phone # (20) 418-1255		