
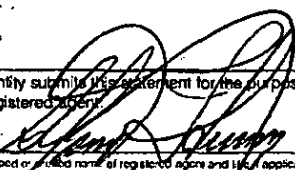
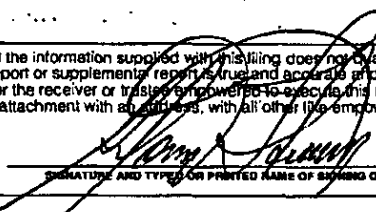


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/10/2

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90455 017 \*\*\*150.00

<b>DOCUMENT # P03000094139</b>			
1. Entity Name <b>JUAN CHICHA SOUTH FLORIDA, CORP.</b>			
Principal Place of Business <b>9999 N.W. 89TH AVE. UNIT 4 MIAMI, FL</b>		Mailing Address <b>9999 N.W. 89TH AVE. UNIT 4 MIAMI, FL</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>20-0372499</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LANGE, RAMON 9999 N.W. 89TH AVE. UNIT 4 MIAMI, FL</b>		7. Name and Address of New Registered Agent Name <b>ANTONIO HERRERA</b> Street Address (P.O. Box Number is Not Acceptable) <b>9999 NW 89 Ave #4</b> City <b>MEDLEY</b> FL Zip Code <b>33178</b>	
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 		DATE <b>8-17-04</b>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUMBOS, FLAVIO 9999 N.W. 89TH AVE. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> RUMBOS, FLAVIO 9999 NW 89 Ave #4 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDOLFO, SANTO 9999 N.W. 89TH AVE. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> LANDOLFO, SANTO 9999 NW 89 Ave #4 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGE, RAMON 9999 N.W. 89TH AVE. MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> ANTONIO HERRERA 9999 NW 89 Ave #4 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		DATE <b>8-17-04</b> (305) 805 2233	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66434269



08172004 Chg-P CR2E034 (10/03)



**Business Checking**

06 2000016720738 036 130

0 50 32,857

ATTACHMENT

66434229  
# PD 3000094139

0040005

05/01/2004 thru 05/28/2004

JAMES C. HARRIS, JR. FLORENCE, S.C.		10072536	1221
James C. Harris, Jr.		150	
James C. Harris, Jr.			
James C. Harris, Jr.			

REF#1631272903 PAID 5/18 150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/10/2004 90455-017-\$150.00-\$150.00

DOCUMENT # P03000094139

1. Entity Name  
JUAN CHICHA SOUTH FLORIDA, CORP.

Principal Place of Business  
9999 N.W. 89TH AVE.  
UNIT 4  
MIAMI, FL

Mailing Address  
9999 N.W. 89TH AVE.  
UNIT 4  
MIAMI, FL

2. Principal Place of Business

3. Mailing Address

No. Apt. #, etc.

Suite, Apt. #, etc.

04192004

Chg-P

CRREC034 (10/03)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

8. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGE, RAMON  
9999 N.W. 89TH AVE.  
UNIT 4  
MIAMI, FL

7. Name and Address of New Registered Agent

Name ANTONIO VELAZQUEZ

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

9999 N.W. 89TH AVE UNIT 4  
City MIAMI FL Zip Code 33148

8. The above named entity certifies its compliance 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]*

NOTE: Registered agent signature required when available.

DATE

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

TITLE NAME D RUMBOS, FLAVIO ☐ Delete  
STREET ADDRESS 9999 N.W. 89TH AVE.  
CITY- ST- ZIP MIAMI, FL

TITLE NAME D LANDOLFO, SANTO ☐ Delete  
STREET ADDRESS 9999 N.W. 89TH AVE.  
CITY- ST- ZIP MIAMI, FL

TITLE NAME D LANGE, RAMON ☒ Delete  
STREET ADDRESS 9999 N.W. 89TH AVE.  
CITY- ST- ZIP MIAMI, FL

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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)(b), 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 thereof; that I am qualified 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 authorized signature and is empowered.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

04-29-04 (35)8052233

Date

Daytime Phone #



Attaching  
66434229

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 15, 2004

JUAN CHICHA SOUTH FLORIDA, CORP.  
9999 N.W. 89TH AVE.  
UNIT 4  
MIAMI, FL

Subject: JUAN CHICHA SOUTH FLORIDA, CORP.

Reference Number: P03000094139

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RH

ANNUAL REPORTS SECTION

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314