

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

02-18-2004 90027 017 ***150.00
04-12-2004 90304 031 ***150.00

DOCUMENT # P03000097845

1. Entity Name
SAN ANTONIO BANQUET SERVICES, INC.



Principal Place of Business
**14905 SW 34TH STREET
MIAMI, FL 33185**

Mailing Address
**14905 SW 34TH STREET
MIAMI, FL 33185**

94049419



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-0206964

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**ALLUP, RICARDO SAYEGH
14905 SW 34TH STREET
MIAMI, FL 33185**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **PILAR RIVERA DIAZ, MARIA DEL**
STREET ADDRESS **14905 SW 34TH STREET**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE **VD** ☐ Delete
NAME **GONZALEZ, JOSE**
STREET ADDRESS **14905 SW 34TH STREET**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE **S** ☐ Delete
NAME **ALLUP, RICARDO SAYEGH**
STREET ADDRESS **14905 SW 34TH STREET**
CITY-ST-ZIP **MIAMI, FL 33185**

TITLE **D** ☐ Delete
NAME **GONZALEZ, JOSE LUIS**
STREET ADDRESS **14905 SW 34TH STREET**
CITY-ST-ZIP **MIAMI, FL 33185**

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

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

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

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 as other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-04

305-221-3033