

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000103081

1. Entity Name

RESTAURANTE GOLONDRINA, INC.



Principal Place of Business

237 S WILLOW ST
FELLSMERE, FL 32948

Mailing Address

237 S WILLOW ST
FELLSMERE, FL 32948

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09192004

Chg-P

CR2E034 (10/03)

4. FEI Number

11-3704058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, DONNIE
237 S WILLOW ST
FELLSMERE, FL 32948

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME
D ROMAN, ARMANDO
STREET ADDRESS 58 S MAGNOLIA
CITY-ST-ZIP FELLSMERE, FL 32948 ☐ Delete

TITLE NAME
D ROMAN, ESPERANZA
STREET ADDRESS 58 S MAGNOLIA
CITY-ST-ZIP FELLSMERE, FL 32948 ☒ Delete

TITLE NAME
D ZAMMARRIPA, RUBEN
STREET ADDRESS 237 S WILLOW ST
CITY-ST-ZIP FELLSMERE, FL 32948 ☐ Delete

TITLE NAME
D ZAMMARRIPA, OFELIA M
STREET ADDRESS 237 S WILLOW ST
CITY-ST-ZIP FELLSMERE, FL 32948 ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700041570317
10/04/04--01035--014 **150.00

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/23/04

FILED
04 OCT -4 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



TR