

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113755

FILED
Apr 26, 2004
Secretary of State

Entity Name: LA FAMILIA CUBAN CUISINE, CORP.

Current Principal Place of Business:

4133 NW 88TH AVENUE
PINE PLAZA
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

4133 NW 88TH AVENUE
PINE PLAZA
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-0293868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEDINA, NOEMI E
315 SE 7 STREET, 2ND FLOOR
THE ADVOCATE BLDG.
FORT LAUDERDALE, FL 33303 US

Name and Address of New Registered Agent:

MEDINA, NOEMI E
6363 NW 6 WAY
SUITE 420
FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: NOEMI E. MEDINA

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: ALONSO, GONZALO
Address: 7165 SPORTSMANS DRIVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VP () Delete
Name: ALVAREZ, HILDA
Address: 11135 NW 25 COURT
City-St-Zip: SUNRISE, FL 33321

Title: TRES (X) Delete
Name: VERGARA-ALONSO, ROSA MARIA
Address: 601 NE 49 STREET
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: OM (X) Delete
Name: PESCATORE, ROLAND
Address: 11135 NW 25TH
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALONSO, GONZALO
Address: 7165 SPORTSMANS DRIVE
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: P (X) Change () Addition
Name: ALVAREZ, HILDA
Address: 11135 NW 25 COURT
City-St-Zip: SUNRISE, FL 33321

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GONZALO ALONSO

P

04/26/2004

Electronic Signature of Signing Officer or Director

Date