

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90405 008 ***150.00

DOCUMENT # P04000165698	
1. Entity Name RESTAURANT EL FAMILIAR CORP.	



Principal Place of Business 2002 NW 3 STREET MIAMI, FL 33125	Mailing Address 2002 NW 3 STREET MIAMI, FL 33125
--	--

14013793



2. Principal Place of Business <i>1001 West Flagler</i>	3. Mailing Address <i>2002 NW 3ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State <i>Miami FL</i>	City & State <i>Miami FL</i>
Zip <i>33130</i>	Zip <i>33125</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEL Number <i>20-1978835</i>	Applied For ☐ Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent PEREZ, OVIDIO J 2002 NW 3 STREET MIAMI, FL 33125	
---	--

7. Name and Address of New Registered Agent	
Name <i>Ovidio J. Perez</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>2002 NW 3 Street</i>	
City <i>Miami</i>	FL Zip Code <i>33125</i>

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 <i>Ovidio J. Perez</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>4/29/05</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, OVIDIO J 2002 NW 3 STREET MIAMI, FL 33125 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: <i>Ovidio J. Perez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>4/29/05</i> DAYTIME PHONE # <i>NONE</i>