

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90030 045 ***150.00

DOCUMENT # P05000012580

1. Entity Name
LOS BALCANES CAFETERIA, INC.



Principal Place of Business
**4617 NW 199TH STREET
CORAL CITY, FL**

Mailing Address
**4617 NW 199TH STREET
CORAL CITY, FL**

40038280



2. Principal Place of Business

4617 NW 199 Street

3. Mailing Address

4617 NW 199 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092006

Chg-P

CR2E034 (11/05)

City & State

Carol City

City & State

Carol City

4. FEI Number

20-2217716

Applied For

Not Applicable

Zip

FL

Country

33055

Zip

FL

Country

33055

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIL, NAHIR
4617 NW 199TH STREET
CORAL CITY, FL**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PV
GIL, NAHIR
4617 NW 199TH STREET
CORAL CITY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
GIL, JOSE G
4617 NW 199TH STREET
CORAL CITY, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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
**PV
GIL, NAHIR
4617 NW 199th Street
CAROL City, FL 33055** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
GIL, JOSE G
4617 N.W 199th Street
CAROL City, FL 33055** ☒ 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

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 exemptions contained in Chapter 119, 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

3/8/06

Date

Daytime Phone #