2007 FOR PROFIT CORPORATION ANNUAL REPORT

8/7/2007-90029-016-$150.00-$150.00

FILED

2007 OCT 19 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000021534

1. Entity Name
LA CASA DEL CHURRASCO, INC.

Principal Place of Business
6817 N. DALE MABRY HWY.
TAMPA, FL 33614 US

Mailing Address
6817 N. DALE MABRY HWY.
TAMPA, FL 33614 US

01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-2077821

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ CONDE, JORGE L
6817 N DALE MABRY HWY
TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

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______________________

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10/30/07--01033--006 **400.00
500111494605
10/30/07--01033--006 **400.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CALDERON-PINA, EDMUNDO G
STREET ADDRESS	4711 W. WATERS AVE., #509
CITY ST ZIP	TAMPA, FL 33614
TITLE	VP
NAME	SANCHEZ CONDE, JORGE L
STREET ADDRESS	6817 N DALE MABRY HWY
CITY ST ZIP	TAMPA, FL 33615
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

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

10/25
aw