

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000087613	
1. Entity Name FESTIVAL CHILENO, INC.	

Principal Place of Business 10760 W FLAGLER ST SUITE 6 MIAMI, FL 33174	Mailing Address 10760 W FLAGLER ST SUITE 6 MIAMI, FL 33174
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 68-0570232	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CATALAN, LUIS 11401 SW 51ST STREET MIAMI, FL 33165
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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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	05/28/08 00000 001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ENCINA, INGRID 10760 W FLAGLER ST, NO. 6 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CATALAN, LUIS 10760 W FLAGLER ST, NO. 6 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ENCINA, MARCEL 10760 W FLAGLER ST, NO. 6 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ **04/16/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #