


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000128684**


1. Entity Name  
 EL PORTAL RESTAURANT/CAFETERIA, INC.



Principal Place of Business  
 5395 WEST 20TH AVENUE  
 HIALEAH, FL 33012

Mailing Address  
 5395 WEST 20TH AVENUE  
 HIALEAH, FL 33012

**DO NOT WRITE IN THIS SPACE**



07132007 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1734947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, FREDDY  
 5395 WEST 20TH AVE  
 HIALEAH, FL 33012

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD QUINTERO, FREDDY 5395 SW 20 AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD GARRIO, KAREN 5395 SW 20 AVE HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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400000769747  
 07/20/07-80003-022 150.00

**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 supplement 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 addressee, with all other like empowered.

SIGNATURE:  **FREDDY QUINTERO** 07/13/2007 305-818-2730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #