

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 A
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



03232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1734947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLOREZ, CLARA
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

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, 2008 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
PTSD
FLOREZ, CLARA
5395 WEST 20TH AVENUE
HIALEAH, FL 33012

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000873804
04/10/08-80092-021 150.00

**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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARA FLOREZ 03/22/08 305-818-2298

Date

Daytime Phone #