

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142022

FILED  
Feb 21, 2012  
Secretary of State

Entity Name: SABORES LATINOS COMPANY, INC.

**Current Principal Place of Business:**

15648 S.W. WARFIELD BLVD  
INDIANTOWN, FL 34956

**New Principal Place of Business:**

14757 SW SANDY OAKS LOOP  
INDIANTOWN, FL 34956

**Current Mailing Address:**

P.O. BOX 657  
INDIANTOWN, FL 34956

**New Mailing Address:**

P.O. BOX 481  
INDIANTOWN, FL 34956

FEI Number: 06-1759390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GALLEGO, CARLOS H  
14757 SW SANDY OAKS LOOP  
INDIANTOWN, FL 34956 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GALLEGO, CARLOS H  
Address: 14757 SW SANDY OAKS LOOP  
City-St-Zip: INDIANTOWN, FL 34956

Title: V  
Name: GUTIERREZ, ADRIANA M  
Address: 14757 SW SANDY OAKS LOOP  
City-St-Zip: INDIANTOWN, FL 34956

Title: S  
Name: GUTIERREZ, LUIS E  
Address: 15192 SW ROSMERY SCRUB ST  
City-St-Zip: INDIANTOWN, FL 33956

Title: T  
Name: RESTREPO, LUCY S  
Address: 15192 SW ROSMERY SCRUB ST  
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS H GALLEGO

P

02/21/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date