

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000161859

1. Entity Name
EL CHAME, INC.



Principal Place of Business
1833 BRANCH FORBES ROAD
LOT # 72
PLANT CITY, FL 33566 US

Mailing Address
1833 BRANCH FORBES ROAD
LOT # 72
PLANT CITY, FL 33566 US

DO NOT WRITE IN THIS SPACE

FILED
Aug 08, 2008 08:00 AM
Secretary of State



08042008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0914526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, SAMUEL
1833 BRANCH FORBES ROAD
LOT # 72
PLANT CITY, FL 33566

**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: Samuel Torres
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

08/04/08

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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	P
NAME	TORRES, SAMUEL
STREET ADDRESS	1833 BRANCH FORBES ROAD LOT # 72
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	VP
NAME	MARTINEZ, MARIA L
STREET ADDRESS	1833 BRANCH FORBES ROAD LOT # 72
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000957317
08/08/08-80004-002 150.00

**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: Samuel Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/04/08
Date

813-917-4504
Daytime Phone #