

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90001 031 ***150.00

DOCUMENT # P06000048049 1. Entity Name PINES LATIN CAFE & RESTAURANT, CORP.					
Principal Place of Business 3348 WEST 14 LANE HIALEAH, FL 33012			Mailing Address 3348 WEST 14 LANE HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box # 10171 Pines Blvd.		3. Mailing Address 18403 N.W. 9 Court			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pembroke Pines Florida		City & State Pembroke Pines Florida		4. FEI Number 20-4617371	
Zip 33026-3978		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILLO, JUAN A 18403 N.W. 9 COURT PEMBROKE PINES, FL 33029		7. Name and Address of New Registered Agent Name CASTILLO, REYNA I. Street Address (P.O. Box Number is Not Acceptable) 18403 N.W. 9 Court City Pembroke Pines, FL Zip Code 33029			
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 <u>Reyna I Castillo</u> REYNA I. CASTILLO 9/05/2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, REYNA I 18403 NW 9 COURT PEMBROKE PINES, FL 33029		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASTILLO, RAUL O 7311 HAYES STREET HOLLYWOOD, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTILLO, JUAN A 3348 WEST 14 LANE HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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: <u>Reyna I Castillo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			9/05/2008 (305) 788-3053 <small>Date Daytime Phone #</small>		