

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90072 033 \*\*\*158.75

<b>DOCUMENT # P06000075952</b>					
<b>1. Entity Name</b> EL SABOR LATINO CORP.					
<b>Principal Place of Business</b> 9056 NORTH MILITARY TRAIL SUIT E PALM BEACH GARDENS, FL 33410 US			<b>Mailing Address</b> 9056 NORTH MILITARY TRAIL SUIT E PALM BEACH GARDENS, FL 33410 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 02-0780104	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  LOAIZA, JOHN F 12782 ARROW WOOD DR. PALM BEACH GARDENS, FL 33418			<b>7. Name and Address of New Registered Agent</b> Name: <u>Edgar Perez</u> Street Address (P.O. Box Number is Not Acceptable): <u>1399 Red Apple Lane</u> City: <u>West Palm Beach</u> FL Zip Code: <u>33415</u>		
<b>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.</b>  SIGNATURE:  DATE: <u>4-30-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$450.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P NAME: LOAIZA, JOHN F STREET ADDRESS: 12782 ARROW WOOD DR. CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE: <u>President</u> NAME: <u>Edgar Perez</u> STREET ADDRESS: <u>1399 Red Apple Lane</u> CITY-ST-ZIP: <u>West Palm Beach, FL 33415</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (new)	
TITLE: VP NAME: LOAIZA, MARIA I STREET ADDRESS: 12782 ARROW WOOD DR. CITY-ST-ZIP: PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete		TITLE: <u>Vice President, Secretary, Tr.</u> NAME: <u>Francisco Perez</u> STREET ADDRESS: <u>5611 Rambler Rox Way</u> CITY-ST-ZIP: <u>West Palm Beach, FL 33415</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition (new)	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			Date: <u>4-30-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		