

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90184 007 ***150.00

DOCUMENT # P06000080533

1. Entity Name
NANDO'S SERVICE, CORP



40095626

Principal Place of Business
**1100 NW 87 AV
108
CORAL SPRINGS, FL 33071**

Mailing Address
**9649 RIVERSIDE DR
6-5
CORAL SPRINGS, FL 33071**



2. Principal Place of Business - No P.O. Box #
9649 RIVERSIDE DRIVE

3. Mailing Address
9649 RIVERSIDE DRIVE

Suite, Apt. #, etc.
G-5

Suite, Apt. #, etc.
G-5

02262008 Chg-P CR2E034 (12/06)

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

4. FEI Number
20-5539952

Applied For
☐ Not Applicable

Zip
33071

Country
USA

Zip
33071

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**LOPERA, LUIS F
1100 NW 87 AV
108
CORAL SPRINGS, FL 33071**

7. Name and Address of New Registered Agent
Name **JOSEPH K. NOFIL**
Street Address (P.O. Box Number is Not Acceptable)
3284 N. STATE ROAD 7
City **LAUDERDALE LAKES** FL Zip Code **33319**

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 DATE **4/26/08**

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPERA, LUIS F 1100 NW 87 AV, APT 108 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 770533 CORAL SPRINGS, FL 33077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. GONZALEZ, LUZ A 1100 NW 87 AV APT 108 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 770533 CORAL SPRINGS, FL 33077
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOBON, DIEGO 9649 RIVERSIDE DR APT # 6-5 CORAL SPRINGS, FL 33071 <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
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

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: DATE **4/28/08** DAYTIME PHONE # **9546822103**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR