2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 21, 2007 8:00 am Secretary of State

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DOCUMENT # P06000095505 1. Entity Name EL ORIGINAL REY DE LAS FRITAS, CORP.								"130.00
Principal Place of Business Mailing Address					66015783			
2280 SW 17TH ST		2280 SW 17TH ST			PRATALOG			
MIAMI, FL 33145		MJAMI, FL 33145						
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007	Chg-P	CR2E034 (1	2/06)	
City & State		City & State		4. FEI Numb	5249137		-	plied For
Zip	Country	Zip	Country	- Continue	of Status Castrad	S8.7	75 Add	
	<u>L</u>	<u> </u>			of Status Desired		Required	d
	6: Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name				
GONZALEZ, MERCEDES			Neme					
2280 SW 1		•	Street Addi	ess (P.O. Box Numb	oci is Not Acceptable		•	
MIAMI, FL 33145			-					
			-			7 7		
• <u>•</u>			City			FL ²	ip Code	3
	named entity submits this statement f	or the purpose of changing its	registered office or re-	gistered agent, or be	oth, in the State of Flor	nda. I am familia	ar with,	and accept
the doligat	tions of registered agent.							
SIGNATURE.	Signature, hyped or printed name of registered light	marked moderate (NATE	Registered Agent signature in	en and about minetalization		DATE		
	Spino o principal confidence oper	(
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee Will be \$550	9. Election Campai 00 Trust Fund Contr		\$5.00 May Be Added to Fees			•	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFFI	CERS AND DIRE	CTOR	5 IN 11
TITLE	P in	☐ Delete	TITLE				Change	Addition
MARE	GONZALEZ, MERCEDES		HAME					
STREET ADDRESS City-St-Zip	2280 SW 17TH ST MIAMI, FL 33145		STREET ADDRESS CITY-ST-ZIP					
TITLE	VPS	☐ Delete	TITLE				hange	Addition
NAME	GARCIA, EUGENIO	C) Deside	NAME			٠,٠,٠	manye	Addition
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CITY-S1-ZIP	MIAMI, FL 33145		CITY-ST-ZIP					
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NAME			HAME				•	·
STREET ADDRESS			STREET ADDRESS					

12. It hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental report is toke and accurate and that my signature shall have the same legal effect as if made undor oath, that I am an officer or director of the corporation or the receiver or trusted employered to evaduate 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 gropowaged.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

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