

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/2

FILED
May 14, 2007 8:00 am
Secretary of State

04-20-2007 90200 038 ***150.00

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1. Entity Name
LA TAVERNA DE WANCHO, INC.



Principal Place of Business
**820 UNIVERSITY DR.
PEMBROKE PINES, FL 33024**

Mailing Address
**2100 WEST 76 ST
SUITE 512
HIALEAH, FL 33016**



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

220 N. UNIVERSITY DR

3. Mailing Address

220 N University DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007 Chg-P CR2E034 (12/06)

City & State

Pembroke Pines FL

City & State

Pembroke Pines, FL

4. FEI Number

20-8103103

Applied For
Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, JUAN
2100 WEST 76 ST.
SUITE 512
HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name

220 N. UNIVERSITY DR.

City

PEMBROKE PINES FL

Zip Code

33024

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

Juan Rodriguez
Signature, typed or printed name of registered agent and type, if applicable (NOTE: Registered Agent signature is required when renewing)

3/22/2007
Date

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	RODRIGUEZ, JUAN	
STREET ADDRESS	2100 WEST 76 ST # 512	
CITY - ST - ZIP	HIALEAH, FL 33016	
TITLE	VP	☐ Delete
NAME	OLAYA-SANCHEZ, SIRLEY	
STREET ADDRESS	2100 WEST 76 ST #512	
CITY - ST - ZIP	HIALEAH, FL 33076	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:

Juan Rodriguez
Signature and typed or printed name of signing officer or director

3/22/07 (954) 447-4044
Date Daytime Phone #