

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90351 023 ***158.75

DOCUMENT # P07000013979 1. Entity Name EL SABOR DE MI PAIS, CORP.					
Principal Place of Business 5340 NE JACKSONVILLE ROAD OCALA, FL 34479			Mailing Address 5340 NE JACKSONVILLE ROAD OCALA, FL 34479		
2. Principal Place of Business - No P.O. Box # 5340 NE Jacksonville Rd Suite, Apt. #, etc.		3. Mailing Address 5340 NE Jacksonville Rd Suite, Apt. #, etc.			
City & State Ocala - FL		City & State Ocala, FL		4. FEI Number 20-8331741	
Zip 34479		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERAZA, VICTOR 5340 NE JACKSONVILLE ROAD OCALA, FL 34479			7. Name and Address of New Registered Agent Name Maria J. Castillo Street Address (P.O. Box Number is Not Acceptable) 5340 NE Jacksonville Road City Ocala FL Zip Code 34479		
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 4-22-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP MACHIN, ELIAS G 5340 NE JACKSONVILLE ROAD OCALA, FL 34479		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CASTILLO, MARIA J 5340 NE JACKSONVILLE ROAD OCALA, FL 34479		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PERAZA, VICTOR B 6620 W 2 CT #301 HIALEAH, FL 33012		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-22-08 Daytime Phone # 305-332-4157		