

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000061076

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: EL SABOR LATINO & CAFE OF CAPE CORAL, INC.

## Current Principal Place of Business:

16341 SHELBY LANE  
NORTH FORT MYERS, FL 33917

## New Principal Place of Business:

1311 DEL PRADO BLVD S  
B  
CAPE CORAL, FL 33990

## Current Mailing Address:

16341 SHELBY LANE  
NORTH FORT MYERS, FL 33917

## New Mailing Address:

FEI Number: 26-0220131      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SOTO, JESUS  
307 DEL PRADO BLVD. NORTH  
SUITE 6  
CAPE CORAL, FL 33909 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ROJAS, HECTOR  
Address: 16341 SHELBY LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: PRES ( ) Delete  
Name: ROJAS, HECTOR  
Address: 16341 SHELBY LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: SEC ( ) Delete  
Name: ROJAS, HECTOR  
Address: 16341 SHELBY LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: TREA ( ) Delete  
Name: ROJAS, HECTOR  
Address: 16341 SHELBY LANE  
City-St-Zip: NORTH FORT MYERS, FL 33917

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR ROJAS

PRES

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date