

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000021547

**FILED**  
**Apr 02, 2011**  
**Secretary of State**

**Entity Name:** EL SABOR DE PUNTA CANA, REST & CAFE CORP

**Current Principal Place of Business:**

645 W 27TH STREET  
MIAMI, FL 33010 US

**New Principal Place of Business:**

6500 WEST 4TH AVE  
17  
HIALEAH, FL 33012 US

**Current Mailing Address:**

645 W 27TH STREET  
MIAMI, FL 33010 US

**New Mailing Address:**

6500 WEST 4TH AVE  
17  
HIALEAH, FL 33012 US

**FEI Number:** 27-2085198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

RAH CONSULTING SERVICES, LLC  
198 E. 4TH AVENUE  
HIALEAH, FL 33010 US

**Name and Address of New Registered Agent:**

FELICITA, STAKERMANN  
6500 WEST 4TH AV STE 17  
HIALEAH, FL 33012 US

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:** FELICITA STAKERMANN

04/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** STAKERMANN, FELICITA  
**Address:** 6500 WEST 4TH AVE STE 17  
**City-St-Zip:** HIALEAH, FL 33012 US

**Title:** VP  
**Name:** STAKERMANN, JAIME L  
**Address:** 6500 WEST 4TH AV SUITE 17  
**City-St-Zip:** HIALEAH, FL 33012 US

I hereby 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 all other like empowered.

**SIGNATURE:** FELICITA STAKERMANN

PD

04/02/2011

Electronic Signature of Signing Officer or Director

Date