

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000000828

1. Entity Name
SUPREME CHICKEN OF BEACON CENTER, INC.



Principal Place of Business
**646 SIERRA CIRCLE
CORAL GABLES, FL 33156**

Mailing Address
**646 SIERRA CIRCLE
CORAL GABLES, FL 33156**



04122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0481633** Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

**BOLANOS, JOSE A
2121 PONCE DE LEON BLVD
SUITE 1035
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 *Jose A Bolanos*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000523493
05/03/06-80078-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ESTEVEZ, ANTONIO**
STREET ADDRESS **646 SIERRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE **VP**
NAME **GARCIA, WILFREDO SR**
STREET ADDRESS **646 SIERRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE **T**
NAME **GARCIA, WILFREDO SR**
STREET ADDRESS **646 SIERRA CIRCLE**
CITY-ST-ZIP **CORAL GABLES, FL 33156**

TITLE
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IN THIS SPACE**

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/06
Date

Daytime Phone #