

**608 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P93000026814

1. Entity Name  
SERGIO'S EATERY & STORE, INC.



Principal Place of Business

9220 SW 72 ST.  
SUITE 203  
MIAMI, FL 33173

Mailing Address

9220 SW 72 ST.  
SUITE 203  
MIAMI, FL 33173

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**



02112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0475153

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

LOPEZ GARCIA, JORGE L ESQ  
1570 MADRUGA AVE STE 211  
CORAL GABLES, FL 33146

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GARCIA, L  
STREET ADDRESS 9220 SW 72 ST. SUITE 203  
CITY-ST-ZIP MIAMI, FL 33173

TITLE SD  
NAME GARCIA, J  
STREET ADDRESS 9220 SW 72 ST. SUITE 203  
CITY-ST-ZIP MIAMI, FL 33173

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000827531  
02/21/08-80093-019-150.00

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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lazaro Garcia* 2/12/08 (305) 630-3946