

ANNUAL REPORT

DOCUMENT # P96000066488

1. Entity Name
(EL POLO XIX CORP.)Jan 10
Sec

Principal Place of Business

3505 SO. OCEAN DR.
3-B
HOLLYWOOD, FL 33019

Mailing Address

3505 SO. OCEAN DR.
3-B
HOLLYWOOD, FL 33019

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0692741Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

ESTEVEZ, AIDA
3505 SOUTH OCEAN DRIVE
SUITE 3A
HOLLYWOOD, FL 33019

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, 2006 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ESTEVEZ, AIDA
STREET ADDRESS	3505 SOUTH OCEAN DRIVE STE 3A
CITY- ST- ZIP	HOLLYWOOD, FL 33019
TITLE	VP
NAME	ESTEVEZ, ULISES
STREET ADDRESS	3505 SOUTH OCEAN DRIVE STE 3A
CITY- ST- ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	LADNER, ANALIA
STREET ADDRESS	3505 SOUTH OCEAN DRIVE STE 3A
CITY- ST- ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

100000281002
01/11/06-80036-012 150.00

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #