## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P97000100623** 04-29-2004 90225 046 \*\*\*150.00 1. Entity Name CHE-TITO'S CORPORATION 34071355 Principal Place of Business Mailing Address 12018 S.W. 88TH STREET 12018 S.W. 88TH STREET MIAMI, FL MIAMI, FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0796426 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VARANDO, NORBERTO Street Address (P.O. Box Number is Not Acceptable) 12018 S.W. 88TH STREET MIAMI, FL City Zip Code 20 FL 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition VARANDO, NORBERTO NAME NAME 9960 S.W. 108TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE VP ☐ Delete TITLE ☐ Change ☐ Addition FACUNDA, RONAN NAME NAME STREET ADDRESS 9960 SW 108 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33176 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition VARANDA, MARIA D LA NAME NAME STREET ADDRESS 9960 SW 108 STREET STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition THE TITLE VARANDO, JAVIER E NAME NAME 9960 SW 108 STREET STREET ADDRESS STREET ADDRESS MIAMI, FL 33176 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

CITY-ST-ZIP

CITY-ST-ZIP

FILED