

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90326 015 \*\*\*150.00

**DOCUMENT # P98000060948**

1. Entity Name  
LA PERLA DELI INC.



Principal Place of Business  
608 DILLARD ST.  
WINTER PARK, FL 34787

Mailing Address  
608 DILLARD ST.  
WINTER PARK, FL 34787

24046236



04072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3538661 Applied For  
Not Applied

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

LOPEO, RAMIRO  
410 CHARLOTTE ST.  
WINTER GARDEN, FL 34787

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME LOPEZ, RAMIRO  
STREET ADDRESS 410 CHARLOTE ST  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE S  
NAME LOPEZ, MARIA T  
STREET ADDRESS 410 CHARLOTE ST  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ramiro Lopez*

46-04

407-905-0440