2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000056671

1. Entity Name

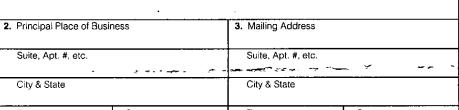
EL PÁLACIO DEL JAMON, INC.

FLAMENCO INC.

Principal Place of Business 1620 S.W. 8TH STREET MIAM! EL 33135

Mailing Address

1620 S.W. 8TH STREET MIAMI FL 33135



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90326 032 ***150.00

Militar FE OUT						
2. Principal Place of Business		3. Mailing Address		I INDIANOS IND NOSA DOSTA DOSTA BOSA DATA DATA DATA DATA DATA DATA DATA DA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_	CHECK HERE IS MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0945381 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of (Current Registered Agent		7. Name and Address of New Registered Agent		
LOPEZ, JE 8921 S.W. MIAMI FL	ESUS 20TH STREET		Name Street Add	Name Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
	ions of registered agent.		registered office or re	required when reinstating)		
After Make Check	ILE NOW!!! FEE IS \$150 r May 1, 2003 Fee will be \$3 c Payable to Florida Depart	550.00 ment of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		
10.		RS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
title Name Street address City-St-Zip	PD LOPEZ, JESUS 8921 S.W. 20TH STREET MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOPEZ, CARMEN 8921 S.W. 20TH STREET MIAMI FL 33165	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition		
TITLE Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE VAME STREET ADDRESS CITY-ST-ZIP		· Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
	CC at at the Comment	C. I. St. W		CONTRACTOR AND ADMINISTRATION OF A PART OF A P		

I hereby certify that the information supplied with this fline 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 of supplemental report is true and accorate 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: