

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000065035

1. Entity Name
CHURROMANIA INTERNATIONAL CORP.

Principal Place of Business

444 BRICKELL AVENUE
SUITE 720
MIAMI, FL 33131

Mailing Address

2665 S BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0955487

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POLANSKY, MITCHELL S
2665 S. BAYSHORE DRIVE, STE. 703
MIAMI, FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	ACOSTA-RUBIO, ARIEL	
STREET ADDRESS	2665 S. BAYSHORE DR. #703	
CITY - ST - ZIP	MIAMI, FL 33133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700103530877	
STREET ADDRESS	05/30/07--01032--016 **1100.00	
CITY - ST - ZIP		

TITLE	DTS	<input type="checkbox"/> Delete
NAME	BRAVO, MARIA A	
STREET ADDRESS	2665 S BAYSHORE DRIVE STE 703	
CITY - ST - ZIP	MIAMI, FL 33133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		

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.

Mitchell S. Polansky

4/27/07

(305) 858-9900

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #