

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90244 044 ***150.00

DOCUMENT # P99000075412

1. Entity Name

LA ILONGA ORIENTAL FOOD AND GROCERY, INC.



Principal Place of Business

Mailing Address

~~210 NE 2ND AVENUE~~ **120 NE 2nd Ave.** SW 38TH ST.
~~MIAMI FL 33132-2216~~ **Miami, FL 33132** HOLLYWOOD FL 33023

2. Principal Place of Business

120 NE 2nd Avenue

3. Mailing Address

3411 SW 38th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Hollywood, Florida

Zip

33132

Country

USA

Zip

33132

Country

USA

4. FEI Number

65-0946648

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

LAVILLA, ALEX
3411 SW 38TH ST.
HOLLYWOOD FL 33023

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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	PD	<input type="checkbox"/> Delete
NAME	LAVILLA, ALEX	
STREET ADDRESS	3411 SW 38TH ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAVILLA, GLORIA M	
STREET ADDRESS	3411 SW 38TH ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

SIGNATURE:

Alex L. Lavilla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Handwritten signatures and dates: 4/29/04, 4/29/04