2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # S93863

1. Entity Name
DEL TROPICO FOOD AND BEVERAGES OF NORTHERN FLORIDA, INC.

Principal Place of Business	Mailing Address
9195 BOGGY CREEK RD #8 ORLANDO, FL 32834 US	9195 BOGGY CREEK RD #8 ORLANDO, FL 32834 US

07082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0294884
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORNEJO, MIRYAN C
9195 BOGGY CREEK RD
#8
ORLANDO, FL 32834

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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 _____ 7/8/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CORNEJO, ALFONSO
STREET ADDRESS	9195 BOGGY CREEK RD
CITY-ST-ZIP	ORLANDO, FL 32834
TITLE	T
NAME	CORNEJO, MIRYAN CONSELO
STREET ADDRESS	9195 BOGGY CREEK RD
CITY-ST-ZIP	ORLANDO, FL 32834
TITLE	S
NAME	ROSIAS, JORGE
STREET ADDRESS	9195 BOGGY CREEK RD SUITE #8
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	VP
NAME	ROSIAS, ERNESTO
STREET ADDRESS	9195 BOGGY CREEK RD SUITE #8
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/11/05-80020-002 550.00

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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: _____ 7/8/05 407 438-7670.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #