

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 9195 BOGGY CREEK RD #8 ORLANDO, FL 32834 US	Mailing Address 9195 BOGGY CREEK RD #8 ORLANDO, FL 32834 US
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DO NOT WRITE IN THIS SPACE



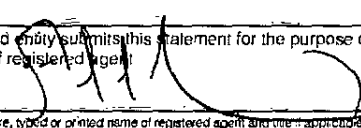
07082005 No Chg-P CR2E034 (10/03)

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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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:  7/8/05 DATE

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

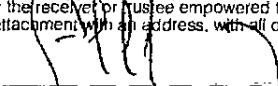
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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

U000000372143
07/11/05-80020-002 550.00

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

SIGNATURE:  7/8/05 407 438-7670 DATE Daytime Phone #