

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90174 028 ***150.00

DOCUMENT # V72120 1. Entity Name LA VASCA DELICATESSEN, INC.					
Principal Place of Business 3407 SW 8TH ST MIAMI, FL 33135			Mailing Address 3407 SW 8TH ST MIAMI, FL 33135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03032005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0361427				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MARTINEZ, CARLOS T 2939 SW 13 ST. MIAMI, FL 33145			Name Martinez, Maria Lidia Street Address (P.O. Box Number is Not Acceptable) 2939 S.W. 13 St. City Miami FL Zip Code 33145		
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. <div style="display: flex; justify-content: space-between;"> <div>SIGNATURE _____</div> <div>Maria Lidia Martinez</div> <div>3/4/05</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div>Signature, typed or printed name of registered agent and title if applicable.</div> <div>(NOTE: Registered Agent signature required when reinstating)</div> <div>DATE</div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD		TITLE	S	
NAME	MARTINEZ, MARIA LIDIA		NAME		
STREET ADDRESS	2939 SW 13 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VS		TITLE		
NAME	MARTINEZ, CARLOS		NAME		
STREET ADDRESS	2939 SW 13 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____		Maria Lidia Martinez		3/4/05 (305) 462-4898	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	