

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000042033

**Entity Name:** PERDIGON EL SABOR INC.**Current Principal Place of Business:**8548 N DALE MABRY HWY, SUITE 1A  
TAMPA, FL 33614**Current Mailing Address:**8548 N. DALE MABRY, SUITE 1A  
TAMPA, FL 33614 US**FEI Number:** 20-0840605**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERDIGON, WILMER  
5725 MOCKINGBIRD DRIVE  
NEW PORT RICHEY, FL 34652 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                            |                 |                               |
|-----------------|----------------------------|-----------------|-------------------------------|
| Title           | P                          | Title           | VP                            |
| Name            | PERDIGON, WILMER           | Name            | RODRIGUEZ DE PERDIGON, ARIANA |
| Address         | 5725 MOCKINGBIRD DR.       | Address         | 5725 MOCKINGBIRD DR           |
| City-State-Zip: | NEW PORT RICHEY FL 34652   | City-State-Zip: | NEW PORT RICHEY FL 34652      |
|                 |                            |                 |                               |
| Title           | DBA                        |                 |                               |
| Name            | THE ART OF FOOD            |                 |                               |
| Address         | 8548 N DALE MABRY SUITE 1A |                 |                               |
| City-State-Zip: | TAMPA FL 33614             |                 |                               |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PERDIGON, WILMER**PRESIDENT****05/01/2021**

Electronic Signature of Signing Officer/Director Detail

Date