

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000090043

**Entity Name:** LAS ANTILLAS FAMILY RESTAURANT INC.

**Current Principal Place of Business:**

3807-B SOUTHSIDE BLVD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6003 ROBBINS CIRCLE SOUTH  
JACKSONVILLE, FL 32211

**FEI Number:** 26-3545632

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GONZALEZ, MYRNA A  
6003 ROBBINS CIRCLE SOUTH  
JACKSONVILLE, FL 32211 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  
Name GONZALEZ, MYRNA A  
Address 6003 ROBBINS CIRCLE SOUTH  
City-State-Zip: JACKSONVILLE FL 32211

Title S, VP  
Name RAMIREZ, LYDIA M  
Address 6003 ROBBINS CIRCLE SOUTH  
City-State-Zip: JACKSONVILLE FL 32211

Title T  
Name GONZALEZ, GABRIEL  
Address 6003 ROBBINS CIRCLE SOUTH  
City-State-Zip: JACKSONVILLE FL 32211

*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:** MYRNA GONZALEZ

**PRESIDENT**

**03/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date