# 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: HECTOR GOMEZ LUCAS

Electronic Signature of Signing Officer/Director Detail

# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000046844

Entity Name: RESTAURANT GOMEZ CIFUENTES, INC.

#### **Current Principal Place of Business:**

4201 BROADWAY AVENUE WEST PALM BEACH. FL 33407

#### **Current Mailing Address:**

312 S. A STREET LAKE WORTH. FL 33460 US

#### FEI Number: 47-4109338

# Name and Address of Current Registered Agent:

GOMEZ LUCAS, HECTOR M 312 S. A STREET LAKE WORTH, FL 33460 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

# **Officer/Director Detail :**

| Title           | Ρ                     | Title           | VP                  |
|-----------------|-----------------------|-----------------|---------------------|
| Name            | GOMEZ LUCAS, HECTOR M | Name            | CIFUENTES, IRMA M   |
| Address         | 312 S. A STREET       | Address         | 312 S. A STREET     |
| City-State-Zip: | LAKE WORTH FL 33460   | City-State-Zip: | LAKE WORTH FL 33460 |

Ρ

Certificate of Status Desired: No

02/15/2016

# FILED Feb 15, 2016 Secretary of State CC2266381741

Date

Date