


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # P01000035668

1. Entity Name
RINCON ARGENTINO RESTAURANT #2, INC.



Principal Place of Business
**7744 N KENDALL DR
 MIAMI, FL 33156**

Mailing Address
**819 ANASTASIA AVE
 CORAL GABLES, FL 33134**



04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1099776

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DEMARZIANI, ILEANA
 819 ANASTASIA AVENUE
 CORAL GABLES, FL 33134**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

**PTD
 DEMARZIANI, ILEANA
 819 ANASTASIA AVENUE
 CORAL GABLES, FL 33134**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**SVD
 DEMARZIANI, MIGUEL
 819 ANASTASIA AVENUE
 CORAL GABLES, FL 33134**

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
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U00000725684
 05/03/07-80032-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Alecia B*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____