


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000097845
1. Entity Name
SAN ANTONIO BANQUET SERVICES, INC.



Principal Place of Business 14905 SW 34TH STREET MIAMI, FL 33185	Mailing Address 14905 SW 34TH STREET MIAMI, FL 33185
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01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0206964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ALLUP, RICARDO SAYEGH
14905 SW 34TH STREET
MIAMI, FL 33185

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 PILAR RIVERA DIAZ, MARIA DEL 14905 SW 34TH STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GONZALEZ, JOSE 14905 SW 34TH STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLUP, RICARDO SAYEGH 14905 SW 34TH STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, JOSE LUIS 14905 SW 34TH STREET MIAMI, FL 33185
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/25/06-80047-016 150.00

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: *Pilar Rivera*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____