2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 02, 2005 8:00 am
Secretary of State

04-28-2005 90199 009 ***150.00

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01242005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000001662

1. Entity Name
EL RINCON TAURINO RESTAURANT, INC.

Principal Place of Business	Mailing Address
8822 NW 152 TERRACE MIAMI, FL 33018	8822 NW 152 TERRACE MIAMI, FL 33018

2. Principal Place of Business		3. Mailing Address	
4262 W 12 Ave		8822 NW 152 terr	
Suite, Apt. #, etc. Hialeah		Suite, Apt. #, etc. Miami	
City & State Fl		City & State Fl	
Zip 33012	Country Dade	Zip 33018	Country Dade

4. FEI Number 90-0137431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FUENTES, OLGA
8822 NW 152 TERRACE
MIAMI, FL 33018

7. Name and Address of New Registered Agent

Name Gustavo de la Osa
Street Address (P.O. Box Number is Not Acceptable) 11557 SW 64 St Unit C
City Miami FL Zip Code 33173

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 Gustavo de la OSA [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Olga de la Osa PRESIDENT 8822 NW 152 Terr Miami, Fl. 33018 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Gustavo de la Osa 11557 SW 64 St, Unit C Miami, Fl. 33173 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 4-20-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #