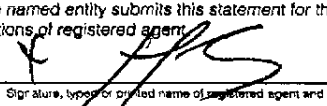
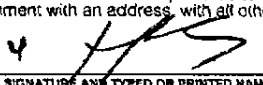


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000147656 1. Entity Name GUACAMOLE RESTAURANT, INC					
Principal Place of Business 2130 SW 42 AVE PLANTATION, FL 33317			Mailing Address 2130 SW 42 AVE PLANTATION, FL 33317		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1805445	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERRERA, MANUEL A 2130 SW 42 AVE PLANTATION, FL 33317				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: 				DATE: 4-4-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P ☐ Delete NAME HERRERA, MANUEL A STREET ADDRESS 2130 SW 42 AVE CITY-ST-ZIP PLANTATION, FL 33317				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					