2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000089793

1. Entity Name
GORDO'S RESTAURANT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 12 PM 4:08

Principal Place of Business	Mailing Address
1907 W PENSACOLA ST TALLAHASSEE, FL 32304 US	1907 W PENSACOLA ST TALLAHASSEE, FL 32304 US

08122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
65-0560570
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORALES, ROBERT
1907 W PENSACOLA ST
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name Albert Agramonte

Street Address (P.O. Box Number is Not Acceptable)

1907 W Pensacola St.

City Tallahassee FL Zip Code 32304

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 _____ 8/12/05
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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORALES, ROBERT 1907 W. PENSACOLA ST. TALLAHASSEE, FL 32304	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP AGRAMONTE, EDUARDO A 1907 W. PENSACOLA ST. TALLAHASSEE, FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD AGRAMONTE, ALBERT 1907 W PENSACOLA ST TALLAHASSEE, FL 32304	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP / Director / Sec.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100058694642 08/17/05--01041--001 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #