

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016158

Entity Name: EL POLLON GRILL INC.

FILED  
Mar 15, 2005  
Secretary of State

**Current Principal Place of Business:**

13762 SW 88 ST  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

11445 SW 101 TERR  
MIAMI, FL 33176 US

**New Mailing Address:**

FEI Number: 65-0907714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAYMAN, MICKY  
13762 SW 88 ST  
MIAMI, FL 33186 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: SAYMAN, CRISTINA  
Address: 11445 SW 101 TERRACE  
City-St-Zip: MIAMI, FL 33176

Title: DVS ( ) Delete  
Name: SAYMAN, MICKY  
Address: 11445 SW 101 TERR  
City-St-Zip: MIAMI, FL 33176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRISTINA SAYMAN

DPT

03/15/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date