


**. 2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000094115 1. Entity Name DRIVE-THROUGH CONCEPTS MANAGEMENT, INC.	
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Principal Place of Business 5800 N.W. 74 AVENUE MIAMI, FL 33166	Mailing Address 5800 N.W. 74 AVENUE MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0969373	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

DIAZ, JUAN ESQ.  
5800 NW 74TH AVE  
MIAMI, FL 33166

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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	D BARED, JOSE P 5800 N.W. 74 AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MOLINA, PATRICIA A 5800 NW 74 AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BARED, CARLOS E 5800 NW 74 AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BARED, JOSE I 5800 NW 74 AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GARRIGO, IVETTE M 5800 NW 74 AVENUE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BARED, MAURICE E 5800 NW 74 AVENUE MIAMI FL 33166

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04/30/04-80006-016 158.75

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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:  DATE: 4-26-04