


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000094115
1. Entity Name
DRIVE-THROUGH CONCEPTS MANAGEMENT, INC.



Principal Place of Business
5800 N.W. 74 AVENUE
MIAMI, FL 33166

Mailing Address
5800 N.W. 74 AVENUE
MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BARED, JOSE P
STREET ADDRESS	5800 N.W. 74 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	MOLINA, PATRICIA A
STREET ADDRESS	5800 NW 74 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	BARED, CARLOS E
STREET ADDRESS	5800 NW 74 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	BARED, JOSE I
STREET ADDRESS	5800 NW 74 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	GARRIGO, IVETTE M
STREET ADDRESS	5800 NW 74 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	D
NAME	BARED, MAURICE E
STREET ADDRESS	5800 NW 74 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166

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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: Juan Diaz, General Counsel Date: April 23, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #