


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 559890 1. Entity Name LA TROPICANA RESTAURANT, INC.	
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Principal Place of Business 1822 E 7TH AVE TAMPA, FL 33605	Mailing Address 1822 E 7TH AVE TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1805817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JOSEPH L
2522 W. KENNEDY BLVD.
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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 _____
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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MENEDEZ, AMELIA 8412 GRADY AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EEOD CUTTLE, RAY 8410 GRADY AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CUTTLE, ANA MARIA 8410 GRADY AVE TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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01/20/04-80046-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  RAY CUTTLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-04 813-247-4040
Date Daytime Phone #