

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F07000004671

1. Entity Name
EL TORITO RESTAURANTS, INC.



Principal Place of Business
5660 KATELLA AVE, SUITE 100
CYPRESS, CA 90630

Mailing Address
5660 KATELLA AVE, SUITE 100
CYPRESS, CA 90630

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062008

Chg-P

CR2E034 (12/06)

4. FEI Number

33-0197059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CP ☐ Delete
NAME WOLFE, FREDERICK F
STREET ADDRESS 5660 KATELLA AVE, SUITE 100
CITY-ST-ZIP CYPRESS, CA 90630

TITLE VC ☐ Delete
NAME TERRY, CLARENCE E
STREET ADDRESS 5200 TOWN CENTER CIRCLE, SUITE 470
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE AS ☐ Delete
NAME SORENSEN, KATHLEEN
STREET ADDRESS 5660 KATELLA AVE STE 100
CITY-ST-ZIP CYPRESS, CA 90630

TITLE D ☒ Delete
NAME DONAHOE, MICHAEL
STREET ADDRESS 5200 TOWN CTR CIR STE 470
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE S ☐ Delete
NAME MORROW, MADELAINE
STREET ADDRESS 5660 KATELLA AVE, SUITE 100
CITY-ST-ZIP CYPRESS, CA 90630

TITLE T ☐ Delete
NAME TAMER, STEVEN L
STREET ADDRESS 5660 KATELLA AVE, SUITE 100
CITY-ST-ZIP CYPRESS, CA 90630

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME Michael Alger
STREET ADDRESS 5200 Town Center Circle, Suite 470
CITY-ST-ZIP Boca Raton, FL 33486

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Tanner, Steven L.
STREET ADDRESS
CITY-ST-ZIP

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: Kathleen Sorensen Kathleen Sorensen

Date

Daytime Phone #

FILED

08 APR -3 AM 6:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03062008 Chg-P CR2E034 (12/06)

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SIGNATURE: Kathleen Sorensen Kathleen Sorensen

Date

Daytime Phone #