

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90174 044 ***150.00

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1. Entity Name
CHI-CHI'S, INC.

Principal Place of Business
C/O PRANDIUM INC
2701 ALTON AVE
IRVINE, CA 92606 US

Mailing Address
C/O PRANDIUM INC TAX DEPT
2701 ALTON PKWY
IRVINE, CA 92606-5149 US

20050001



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

41-0901437

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME BARIL, ANTHONY G
STREET ADDRESS 2701 ALTON PARKWAY
CITY-ST-ZIP IRVINE, CA 926065149

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME HARVEY, STANLEY D
STREET ADDRESS 2701 ALTON PARKWAY
CITY-ST-ZIP IRVINE, CA 926065149

TITLE ☐ Change ☐ Addition
NAME V NONE
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME SORENSEN, KATHLEEN D
STREET ADDRESS 2701 ALTON PARKWAY
CITY-ST-ZIP IRVINE, CA 926065149

TITLE ☒ Change ☐ Addition
NAME S BARIL, ANTHONY G
STREET ADDRESS 2701 ALTON PARKWAY
CITY-ST-ZIP IRVINE, CA 926065149

TITLE V ☒ Delete
NAME MANUEL, LISA C
STREET ADDRESS 2701 ALTON PARKWAY
CITY-ST-ZIP IRVINE, CA 926065149

TITLE ☐ Change ☐ Addition
NAME V NONE
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☒ Delete
NAME MANUEL, LISA C
STREET ADDRESS 2701 ALTON PARKWAY
CITY-ST-ZIP IRVINE, CA 926065149

TITLE ☐ Change ☐ Addition
NAME V NONE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony G. Baril 4-26-05