## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 26, 2005 08:00 AM **Secretary of State DOCUMENT # H66218** 1. Entity Name AZTÉC RESTAURANT CORPORATION Principal Place of Business Mailing Address 600 S. DIXIE HYW 87 NE 44 ST POMPANO BEACH, FL 33060 SUITE 2 OAKLAND PARK, FL 33334 03082005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2556226 Not Applicable \$8.75 Additional 6. Certificate of Status Desired 5. Name and Address of Current Registered Agent COFAR, LAWRENCE J. DO NOT WRITE 915 MIDDLE RIVER DRIVE **SUITE #506** IN THIS SPACE FORT LAUDERDALE, FL 33304 . 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remotating) DATE . Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 U00000276821 03/26/05-80004-017 150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. SD CORTES, HECTOR NAME STREET ADDRESS 87 NE 44 ST SUITE 2 CITY-ST-ZIP OAKLAND PARK, FL 33334 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE BILLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the Information supplied with this filling 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 the many 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 pusee expowered to execute this properties. The changed, or on an attachment with an address, with an other the expowered.

**SIGNATURES** 

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
HAME
STREET ADDRESS
CITY-ST-ZIP

MIGNATURE AND TYPED OR PRINTED NAME OF MIGNING OFFICER OR DIRECTOR

3-11-05

754-938-1857

FILED

Destime Phone #