

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # H85919 1. Entity Name TOLIMA RESTAURANT, INC.					
Principal Place of Business % ARTURO LOPEZ 435 SW 12TH AVE MIAMI, FL 33130			Mailing Address % ARTURO LOPEZ 4921 RONDA ST. CORAL GABLES, FL 33146		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02162006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-2599754				Applied For ☐ Not Applicable	
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		
LOPEZ, ARTURO 4921 RONDA ST. CORAL GABLES, FL 33146			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, 2006 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	PTD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LOPEZ, ARTURO		NAME		
STREET ADDRESS	4921 RONDA ST.		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL		CITY - ST - ZIP		
TITLE	VSD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	LOPEZ, CLARA		NAME		
STREET ADDRESS	4921 RONDA ST.		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-20-00 Date Daytime Phone #		