

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90229 013 \*\*\*150.00

**DOCUMENT # K19045**

1. Entity Name

**YUCATAN RESTAURANT CORP.**



Principal Place of Business

**4490 N. FEDERAL HIGHWAY  
LHPT FL 33064  
US**

Mailing Address

**87 NE 44TH STREET  
STE 2  
OAKLAND PARK FL 33334  
US**

2. Principal Place of Business

3. Mailing Address

**91 E Prospect Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**FT. Lauderdale FL**

Zip

Country

Zip

Country

**33334**

**USA**

4. FEI Number

**65-0055728**

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

**COFAR, LAWRENCE J  
915 MIDDLE RIVER DRIVE  
SUITE 506  
FT LAUDERDALE FL 33304**

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 consulting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **CORTES, HECTOR**  
STREET ADDRESS **5775 N.E. 21ST AVENUE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **D** ☐ Delete  
NAME **PEREZ, LUIS**  
STREET ADDRESS **1042 N.E. 35TH STREET**  
CITY-ST-ZIP **OAKLAND PARK FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **Cortes, Hector**  
STREET ADDRESS **16553 Norris Rd**  
CITY-ST-ZIP **Loxahatchee, FL 33470**

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

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

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TITLE ☐ Change ☐ Addition  
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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 exemptions contained in Section 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

Date

Daytime Phone #

**4-17-06**

**954-776-1587**