2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # K30188

DON ARTURO RESTAURANT, INC.



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

1198 S.W. 27TH AVE.

FT. LAUDERDALE, FL 33312 US

Mailing Address

1198 S.W. 27TH AVE.

FT. LAUDERDALE, FL 33312

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0071829

03262008

Applied For Not Applicable

\$8.75 Additional

	·			5. Certificate	of Status Desired	Fee Re	equired	
6. Name and Address of Current Registered Agent				• • •	t			
FERNANDEZ, ZOILA 1198 SW 27TH AVE FORT LAUDERDALE, FL 33312				DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or reg	istered agent, or bo			with, and accept	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered				Agent signature required when reinstating) DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	0000003225; 05/15/08-8004;	17 3-018	150.00	
10.	OFFICERS AND DIREC	CTORS			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FERNANDEZ, ZOILA 11918 SW 27 AVE FORT LAUDERDALE, FL 33312				·	· ·	; · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FERNANDEZ, CESAR A. JR. 18100 SW 50 CT FT. LAUDERDALE, FL 33331							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Îws + − − −	DO	NOT WRIT	Γ Ε	of the second	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPAC	E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,			-		
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

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