## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K75881

Entity Name: ESCOBAR'S GULF, INC.

FILED Apr 03, 2006 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
2000 SW ( MIAMI, FL				
Current Mailing Address:		New Mailing Addres	s:	
401 SW 8 <sup>-</sup> MIAMI, FL				
FEI Number	: 65-0107003 FEI Number Applied For	r() FEI Number Not Applicable ()	Certificate of Status Desired ( )	
Name and	l Address of Current Registered Ag	ent: Name and Address o	of New Registered Agent:	
8600 SW MIAMI, FL	33156 US	or the purpose of changing its registere	d office or registered agent, or both	
SIGNATUI	RE:			
	Electronic Signature of Registe	red Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution	( ).		
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	DP ( ) Delete ESCOBAR, MANUEL A MR. 12465 SW 33 ST MIAMI, FL 33175	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DV ( ) Delete ESCOBAR, MANUEL JR A MR. 11481 SW 95 ST MIAMI, FL 33176	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () Delete ESCOBAR, EDUARDO F MR. 8600 SW 103 ST MIAMI, FL 33156	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT ( ) Delete DIAZ, MARTA G MRS. 10003 SW 79 CT MIAMI, FL 33156	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DS () Delete ESCOBAR, MARTA L MS. 5819 TURIN ST	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: EDUARDO F ESCOBAR DV 04/03/2006

City-St-Zip: CORAL GABLES, FL 33146