


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # K75881
 1. Entity Name
ESCOBAR'S GULF, INC.



Principal Place of Business 2000 SW 3RD AVE MIAMI, FL 33129 US	Mailing Address 401 SW 8TH ST MIAMI, FL 33130 US
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DO NOT WRITE IN THIS SPACE



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0107003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ESCOBAR, EDUARDO F MR.
8600 SW 103 ST
MIAMI, FL 33156

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ESCOBAR, MANUEL A MR. 12465 SW 33 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ESCOBAR, MANUEL JR A MR. 11481 SW 95 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ESCOBAR, EDUARDO F MR. 8600 SW 103 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DIAZ, MARTA G MRS. 10003 SW 79 CT MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ESCOBAR, MARTA L MS. 5819 TURIN ST CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/28/07-80067-011 150.00

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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: Marta Escobar 2/14/07 305 856-2136
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #