

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K75881

FILED
Feb 05, 2009
Secretary of State

Entity Name: ESCOBAR'S GULF, INC.

Current Principal Place of Business:

2000 SW 3RD AVE
MIAMI, FL 33129 US

New Principal Place of Business:

Current Mailing Address:

401 SW 8TH ST
MIAMI, FL 33130 US

New Mailing Address:

FEI Number: 65-0107003 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCOBAR, EDUARDO F MR.
8600 SW 103 ST
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ESCOBAR, MANUEL A MR.
Address: 12465 SW 33 ST
City-St-Zip: MIAMI, FL 33175

Title: DV () Delete
Name: ESCOBAR, MANUEL JR A MR.
Address: 11481 SW 95 ST
City-St-Zip: MIAMI, FL 33176

Title: DV () Delete
Name: ESCOBAR, EDUARDO F MR.
Address: 8600 SW 103 ST
City-St-Zip: MIAMI, FL 33156

Title: DT () Delete
Name: DIAZ, MARTA G MRS.
Address: 10003 SW 79 CT
City-St-Zip: MIAMI, FL 33156

Title: DS () Delete
Name: ESCOBAR, MARTA L MS.
Address: 5819 TURIN ST
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: EDUARDO ESCOBAR

DV

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date