## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# K75881

Title:

Name:

Address:

City-St-Zip:

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ESCOBAR, MARTA L MS.

CORAL GABLES, FL 33146

5819 TURIN ST

FILED May 15, 2009 Secretary of State

DOCOM	□111 m 11	7 300 1		36	Cretary or State	
Entity Name: ESCOBAR'S GULF, INC.						
Current Pr	incipal Pla	ce of Business:	New Princ	New Principal Place of Business:		
2000 SW 3 MIAMI, FL		IS				
Current Mailing Address:			New Maili	New Mailing Address:		
401 SW 8T MIAMI, FL		IS				
FEI Number:	65-0107003	FEI Number Applied For ( )	FEI Number Not App	icable ( ) Certificat	e of Status Desired ( )	
Name and	Address o	f Current Registered Agent:	Name and	Address of New Regi	stered Agent:	
ESCOBAR, 8600 SW 10 MIAMI, FL	03 ST	OFMR. IS				
The above in the State		ty submits this statement for the	purpose of changing i	ts registered office or re	gistered agent, or both,	
SIGNATUR	E:					
	Elect	ronic Signature of Registered A	gent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP ESCOBAR, I 12465 SW 3 MIAMI, FL 3		Title: Name: Address: City-St-Zip:	( ) Change (	) Addition	
Title: Name: Address: City-St-Zip:	DV ESCOBAR, I 11481 SW 9 MIAMI, FL 3		Title: Name: Address: City-St-Zip:	() Change (	) Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	DP (X) Change ( ESCOBAR, EDUARDO F N 8600 SW 103 ST MIAMI, FL 33156		
Title: Name: Address: City-St-Zip:	DT DIAZ, MART 10003 SW 7 MIAMI, FL 3	'9 CT	Title: Name: Address: City-St-Zip:	( ) Change (	) Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: EDUARDO ESCOBAR DP 05/15/2009

() Change () Addition