


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90038 030 \*\*\*150.00

DOCUMENT # K95544

1. Entity Name  
MACITAS RESTAURANT, INC.



Principal Place of Business Mailing Address

~~18603 S. DIXIE HWY.~~ 18533 S. Dixie Hwy. ~~18603 S. DIXIE HWY.~~ 18533 S. Dixie Hwy.

MIAMI, FL 33157 MIAMI, FL 33157



01202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0124875

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AMAYA, CARLOS E  
~~18603 S. DIXIE HWY.~~ 18533 S. Dixie Hwy.  
MIAMI, FL 33157

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**


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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMAYA, CARLOS E
STREET ADDRESS	19730 S.W. FRANJO ROAD
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	SD
NAME	AMAYA, FABIOLA
STREET ADDRESS	19730 S.W. FRANJO ROAD
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  **1/19/08**

\_\_\_\_\_  
Date Daytime Phone #