

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90121 006 \*\*\*158.75

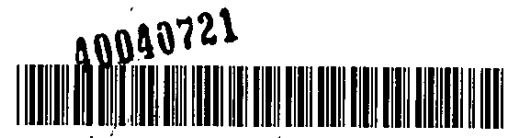
**DOCUMENT # L62571**

1. Entity Name  
SOUTHWEST RESTAURANT GROUP, INC.



Principal Place of Business  
4001 S. TAMIAMI TRAIL  
SARASOTA, FL 34231 US

Mailing Address  
4001 S. TAMIAMI TRAIL  
SARASOTA, FL 34231 US



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0191876	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

MEI, ROBERTO  
11 SANDY HOOK ROAD  
SARASOTA, FL 34242

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2006 Fee will be \$550.00

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	MEI, ROBERTO A.
STREET ADDRESS	11 SANDY HOOK RD
CITY - ST - ZIP	SARASOTA, FL 34242
TITLE	D
NAME	MEI, DENISE P.
STREET ADDRESS	11 SANDY HOOK RD
CITY - ST - ZIP	SARASOTA, FL 34242
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06 (941) 921-4848  
Date Daytime Phone #