

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M51328

FILED
Apr 29, 2005
Secretary of State

Entity Name: RANCHOS OF CORAL GABLES RESTAURANT, INC.

Current Principal Place of Business:

125 SW 107 AVE
MIAMI, FL 33174 US

New Principal Place of Business:

2728 PONCE DE LEON BLVD.
MIAMI, FL 33134 US

Current Mailing Address:

125 SW 107 AVE
MIAMI, FL 33174 US

New Mailing Address:

125 SW 107 AVE
NANCY V. CRUZ
MIAMI, FL 33174 US

FEI Number: 65-0548355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIOS, LUIS
8360 W. FLAGLER ST.
STE. 200
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

CRUZ, NANCY V S
125 SW 107 AVENUE
MIAMI, FL 33174 US

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: NANCY V. CRUZ

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MYRNA, SOMOZA P
Address: 125 S.W. 107 AVE.
City-St-Zip: MIAMI, FL 33174 US

Title: TD (X) Delete
Name: VALENCIA, MARIA E T
Address: 125 S.W. 107 AVE.
City-St-Zip: MIAMI, FL 33174 US

Title: V () Delete
Name: SOMOZA, LUIS VP
Address: 125 S.W. 107 AVE.
City-St-Zip: MIAMI, FL 33174 US

Title: SD () Delete
Name: CRUZ, NANCY VANESSA
Address: 125 SW 107 AVE.
City-St-Zip: MIAMI, FL 33174 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change () Addition
Name: SOMOZA, LUIS VP
Address: 125 S.W. 107 AVE.
City-St-Zip: MIAMI, FL 33174 US

Title: SD (X) Change () Addition
Name: CRUZ, NANCY VANESSA S
Address: 125 SW 107 AVE.
City-St-Zip: MIAMI, FL 33174 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY V. CRUZ

SD

04/29/2005

Electronic Signature of Signing Officer or Director

Date