

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M51328

FILED  
Mar 06, 2007  
Secretary of State

Entity Name: RANCHOS OF CORAL GABLES RESTAURANT, INC.

**Current Principal Place of Business:**

2728 PONCE DE LEON BLVD.  
MIAMI, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

125 SW 107 AVE  
MYRNA SOMOZA  
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:**

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

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

Title: SD ( ) Delete  
Name: WONG, RAFAEL  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MYRNA SOMOZA

PD

03/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date