


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
04 APR 26 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M74971
1. Entity Name
DON PEPE RESTAURANT OF DADE, INC.



Principal Place of Business 2300 CORAL WAY #200 MIAMI, FL 33145	Mailing Address 2300 CORAL WAY #200 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



03182004 No Chg-P CR2E034 (10/03)

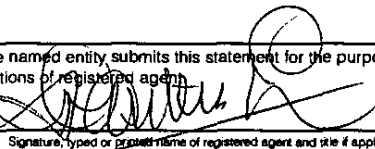
4. FEI Number 65-0038713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
#200
MIAMI, FL 33145

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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:  **AMADA CANTERA LOPEZ** DATE: **4/19/04**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASTILLO, ANTONIO M 110 N.W. 86TH COURT MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/28/04--01055--004 **150.00

By 4/26

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: By Antonio Castillo DATE: 3/18/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #