


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # M98440 1. Entity Name CARMEN RESTAURANT CORPORATION	
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Principal Place of Business 91 E. PROSPECT RD OAKLAND PARK, FL 33334 US	Mailing Address 87 NE 44 STREET STE 2 FORT LAUDERDALE, FL 33334 US
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0073925	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**COFAR, LAWRENCE J
915 MIDDLE RIVER DRIVE
SUITE 506
FT LAUDERDALE, FL 33304**

**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 reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000276822 03/26/05-80004-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORTES, HECTOR 5775 NE 21ST AVENUE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 I/we empowered.

SIGNATURE:  **3-11-05 954938-1857**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #