

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007723

FILED
Apr 29, 2004
Secretary of State**Entity Name:** CASA DE RESTAURACION INC.**Current Principal Place of Business:**198 EVERGRENE PARKWAY
PALM BEACH GARDENS, FL 33410**New Principal Place of Business:**1953 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415**Current Mailing Address:**198 EVERGRENE PARKWAY
PALM BEACH GARDENS, FL 33410**New Mailing Address:**1953 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415**FEI Number:** 30-0214218**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ARROYO, RUBEN DR.
198 EVERGRENE PARKWAY
PALM BEACH GARDENS, FL 33410**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

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: ARROYO, RUBEN
Address: 198 EVERGRENE PARKWAY
City-St-Zip: PALM BEACH GARDENS, FL 33410**Title:** DV () Delete
Name: ALVAREZ, FRANK
Address: 236 SANDPIPER AVENUE
City-St-Zip: ROYAL PALM BEACH, FL 33411**Title:** DS () Delete
Name: MENDEZ, AVELINO
Address: 4044 SANDRA LANE
City-St-Zip: WEST PALM BEACH, FL 33406**Title:** DT () Delete
Name: BENITEZ, JOSE MAURICIO
Address: 6284 C DURHAM DRIVE
City-St-Zip: LAKE WORTH, FL 33461**Title:** () Delete
Name:
Address:
City-St-Zip:**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:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: PEREZ, RAYNEE
Address: 1953 S. MILITARY TRAIL
City-St-Zip: WEST PALM BEACH, FL 33415

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN ARROYO

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date