


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N03000007723 |  |
| 1. Entity Name CASA DE RESTAURACION INC. | |

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| Principal Place of Business 1953 S. MILITARY TRAIL WEST PALM BEACH, FL 33415 | Mailing Address 1953 S. MILITARY TRAIL WEST PALM BEACH, FL 33415 |
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04152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 30-0214218 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ARROYO, RUBEN DR. 198 EVERGRENE PARKWAY PALM BEACH GARDENS, FL 33410 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ARROYO, RUBEN 198 EVERGRENE PARKWAY PALM BEACH GARDENS, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ALVAREZ, FRANK 236 SANDPIPER AVENUE ROYAL PALM BEACH, FL 33411 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MENDEZ, AVELINO 4044 SANDRA LANE WEST PALM BEACH, FL 33406 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT BENITEZ, JOSE MAURICIO 6284 C DURHAM DRIVE LAKE WORTH, FL 33461 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PEREZ, RAYNEE 1953 S. MILITARY TRAIL WEST PALM BEACH, FL 33415 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>U000000320576 04/21/05-80042-013 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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 617, 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:  **4/15/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #