

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # N03000007723**

1. Entity Name

CASA DE RESTAURACION INC.



Principal Place of Business

1953 S. MILITARY TRAIL  
WEST PALM BEACH, FL 33415

Mailing Address

1953 S. MILITARY TRAIL  
WEST PALM BEACH, FL 33415



01122006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

30-0214218

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ARROYO, RUBEN DR.  
198 EVERGRENE PARKWAY  
PALM BEACH GARDENS, FL 33410

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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  
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

01/25/06-80011-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employment.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/2006

Date

Daytime Phone #