2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 02, 2006
Secretary of State

DOCUMENT# N03000007723

Entity Name: CASA DE RESTAURACION INC.

Current Principal Place of Business:

1953 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

1953 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 30-0214218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

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:	D	(X) Delete
Name:	PEREZ, RAYNEE	
Address:	1953 S. MILITARY TRAIL	
City-St-Zip:	WEST PALM BEACH, FL 33415	

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:	DT	(X) Change ( ) Addition
Name:	PEREZ, RAYNEE	
Address:	1953 S. MILITARY TRAIL	
City-St-Zip:	WEST PALM BEACH, FL 33415	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 08/02/2006

Electronic Signature of Signing Officer or Director — Date