


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90067 023 \*\*\*\*61.25


<b>DOCUMENT # N04000003696</b>	
1. Entity Name - <b>CENTRO DE RESTAURACION INTERNACIONAL JERICO INC.</b>	

Principal Place of Business <b>1556 61 ST. TRAIL SOUTH WEST PALM BEACH FL 33415</b>	Mailing Address <b>1556 61 ST. TRAIL SOUTH WEST PALM BEACH FL 33415</b>
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2. Principal Place of Business <b>1626 Olive Tree Circle</b> Suite, Apt. #, etc.	3. Mailing Address <b>1626 Olive Tree Circle</b> Suite, Apt. #, etc.
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City & State <b>Greenacres, Florida</b>	City & State <b>Greenacres, Florida</b>
Zip <b>33413</b>	Country <b>U.S.A.</b>

**00017073**



1st MOORE CR2E037 (10/04)

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

6. Name and Address of Current Registered Agent <b>BARRANTES, HENRY SR. 1556 61 ST. TRAIL SOUTH WEST PALM BEACH FL 33415</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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.

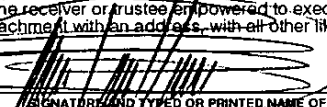
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ULATE, IVANIA 1556 61 ST. TRAIL SOUTH WEST PALM BEACH FL 33415</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BARRANTES, HENRY SR. 1556 61 ST. TRAIL SOUTH WEST PALM BEACH FL 33415</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **02/15/2005.** **1-561-3572930**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #