

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90392 014 \*\*\*\*61.25

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # N04000003696</b>  |  |  |   |   |  |
| <b>1. Entity Name</b><br>CENTRO DE RESTAURACION INTERNACIONAL JERICO INC.   |  |  |   |   |  |
| <b>Principal Place of Business</b><br>1626 OLIVE TREE CIRCLE<br>WEST PALM BEACH, FL 33413   |  |  | <b>Mailing Address</b><br>1626 OLIVE TREE CIRCLE<br>WEST PALM BEACH, FL 33413   |   |  |
| <b>2. Principal Place of Business</b><br>1626 Olive Tree Circle<br>Suite, Apt. #, etc.<br>West Palm Beach<br>City & State<br>FL<br>Zip<br>33413<br>Country<br>U.S.A.  |  | <b>3. Mailing Address</b><br>P.O. Box 17353<br>Suite, Apt. #, etc.<br>City & State<br>West Palm Beach, FL<br>Zip<br>33416<br>Country<br>U.S.A. |   |   |  |
| <b>4. FEI Number</b><br>NOT APPLICABLE  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |   | <b>\$8.75 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BARRANTES, HENRY SR.<br>1556 61 ST. TRAIL SOUTH<br>WEST PALM BEACH, FL 33415  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |  |
| <b>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.</b>  |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |  |  |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>   |  | <b>9. Election Campaign Financing</b><br>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>  |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>ULATE, IVANIA<br>1556 61 ST. TRAIL SOUTH<br>WEST PALM BEACH, FL 33415<br><input type="checkbox"/> Delete        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | V<br>BARRANTES, HENRY SR.<br>1556 61 ST. TRAIL SOUTH<br>WEST PALM BEACH, FL 33415<br><input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>12. I hereby certify that the information reported 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 empowered.</b> |  |  |   |   |  |
| <b>SIGNATURE:</b> _____   |  |  | 04/15/06. 1(561)5747166.  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Date Daytime Phone #  |   |  |