2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N05000002338

Entity Name: CENTRO DE RESTAURACION LEVANTATE, INC.

Current Principal Place of Business:

6915 SHADY ACRES BLVD.
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1356
NEW PORT RICHEY, FL 34656

New Mailing Address:

FEI Number: 41-2170061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSARIO, EDGARDO LUIS
6701-59 OSTEEN RD.
NEW PORT RICHEY, FL 34653 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: OCASIO, EDWIN
Address: 3117 LUDLOW DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DS ( ) Delete
Name: ROSARIO, ROSA
Address: 6701 OSTEEN RD., STE. 59
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DT ( ) Delete
Name: OCASIO, JANET
Address: 3117 LUDLOW DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D ( ) Delete
Name: ROSARIO, EDGARDO LUIS
Address: 6701 59 OSTEEN RD.
City-St-Zip: NEW PORT RICHEY, FL 34653

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: ( ) 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: EDWIN OCASIO DP 04/24/2006

Electronic Signature of Signing Officer or Director — Date