## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005026

FILED Apr 30, 2009 Secretary of State

Entity Name: FIESTA TROPICALE OF HOLLYWOOD, INC.

Current P	Principal Place	of Business:	New Principal Plac	e of Business:
	MORE STREET OOD, FL 3302			
Current N	/lailing Addres	ss:	New Mailing Addre	ss:
	FICE BOX 510 OOD, FL 3302	20510 US		
FEI Numbei	r: 65-0782522	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
2126 FILW HOLLYW	N, DAVID M S MORE STREET OOD, FL 3302	0 US	purpose of changing its register	red office or registered agent, or both,
	e of Florida.		,,	,
SIGNATU	RF.			
CICINATO		nic Signature of Pogistored Ag	ont	Dato
	Electror	nic Signature of Registered Ag		Date  Date  Date
OFFICER Title: Name: Address:	Electron	TORS:  ) Delete  AVID M S  : STREET		
OFFICER  Title: Name: Address: City-St-Zip: Title: Name: Address:	Electron  S AND DIRECT  S,T ERICKSON, DA 2126 FILMORE HOLLYWOOD,	TORS:  ) Delete AVID M S : STREET FL 33020 US  ) Delete HN ENUE	ADDITIONS/CHANG Title: Name: Address:	GES TO OFFICERS AND DIRECTORS
	Electron  S AND DIRECT  S,T ERICKSON, DA 2126 FILMORE HOLLYWOOD,  P STENGEL, JOH 3501 N. 54 AVI HOLLYWOOD,  D (FARBMAN, STI	TORS:  Delete AVID M S STREET FL 33020 US  Delete IN ENUE FL 33021 US  Delete EVEN S MR OOD BOULEVARD	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	Electron  S AND DIRECT  S,T ERICKSON, DA 2126 FILMORE HOLLYWOOD,  P STENGEL, JOH 3501 N. 54 AVE HOLLYWOOD,  D (FARBMAN, STI 2241 HOLLYW HOLLYWOOD,	TORS:  Delete AVID M S STREET FL 33020 US  Delete HN ENUE FL 33021 US  Delete EVEN S MR OOD BOULEVARD FL 33020 US  Delete EVEN S MR OOD BOULEVARD FL 33020 US  Delete	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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: DAVID M ERICKSON S 04/30/2009