## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 15, 2005 8:00 am Secretary of State

DOCUMENT # P00000011223  1. Entity Name O & E RESTAURANT, INC.								04-15-2005 90059 006 ***150.00					
Principal Place of Business 8370 W FLAGLER STREET -234 MIAMI, FL 33144				Mailing Address 8370 W FLAGLER STREET 234 MIAMI, FL 33144				<b>† (187</b> 1/ <b>58)</b> (1)	<b>88</b> 711 <b>88</b> 77 <b>88</b> 717 <b>88</b> 711				 IBBA II (181)
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Sυ	Suite, Apt. #, etc.				03192005	Chg-P	ı	CR2E034	4 (10/03)	
City & State			Cil	City & State				4. FEI Numb					plied For t Applicable
Zip	Country		Zip	Zip Co.		itry	5. Certificate of Status Desired [			\$8.75 Additional Fee Required			
6. Name and Address of Current-				red Agent		7. Name and Address of New Registered Agent							
MENDEZ, EDUARDO J 8370 W FLAGLER STREET STE 234 MIAMI, FL 33144						Name  Street Address (P.O. Box Number is Not Acceptable)							
, , , , , , , , , , , , , , , , , , , ,					City	FL Zip Code					e		
		ly submits this statemer tered agent.	nt for the pui	pose of changing its	register	l ed office or regi	ister	ed agent, or bo	th, in the State of	f Florida		miliar with,	and accept
Par Par 1 Par	Signature, typed	or printed name of registered a	gent and title if a	policable. (NOTE	: Registere	d Agent signature req	quired	when reinstating)			DATE		
FIL After Ma	E NO <b>W</b> ii! ay 1, 200	FEE IS \$150.00 5 Fee will be \$55	50.00	- 9. Election Campai Trust Fund Cont			<b>\$5.</b> Adde	<b>00</b> May 8e ed to Fees			-		
10.		· OFFICERS A	ND DIRECT	ORS	11.			ADDITIONS	CHANGES TO C	OFFICE	RS AND E	JIRECTORS	5 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	315 WES	DEZ, JULIA T 43RD STREET , FL 33012		☐ Delete _		i					1	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORGE, 1 14600 SV MIRAMAI			☐ Delete		l l					1	□ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delcte	CITY	eet addaess '-st-zip			-			☐ Change	Addition
.12. I héreby of indicated of the corchanged,	certify that the on this reportion or to poration or to or on an att	e information supplied of or supplemental repo he receiver or fusice e achment with an addra	with this filin ort is true ap impowered t ss, with all o	ig does not qualify for accurate and that n ovexegute this report ther two empowered.	r the exe ny signa as requi	mption stated in ture shall have t ired by Chapter	n Se the s 607	ction 119.07(3) same legal effec , Florida Statute	(i), Florida Statute ot as if made und es; and that my n	es. I fur Ier oath ame ar	ther certifn; that I an opears in	y that the ir an officer Block 10 or	nformation or director Block 11 if

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