

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90207 024 ***150.00

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1. Entity Name
O & E RESTAURANT, INC.

Principal Place of Business
**11995 SW 26TH ST
 MIAMI, FL 33175-2465**

Mailing Address
**8370 W FLAGLER STREET
 234
 MIAMI, FL 33144**

40071003



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0978733

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered 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

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VSD Delete
 NAME HERNANDEZ, JULIA
 STREET ADDRESS 315 WEST 43RD STREET
 CITY-ST-ZIP HIALEAH, FL 33012

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD Delete
 NAME JORGE, JOSE O
 STREET ADDRESS 14600 SW 35 ST.
 CITY-ST-ZIP MIRAMAR, FL 33027

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied 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 607, 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: Jose O. Jorge **JOSE O. JORGE** 4/10/07 (305) 693-4440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #