


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

04-19-2004 90335 045 ***150.00

DOCUMENT # P00000028287
 1. Entity Name
TACO LOCO MEXICAN GRILL, INC.



Principal Place of Business: **MEXICAN GRILL, 15210 S.W. 49TH STREET, MIRAMAR FL 33027**
 Mailing Address: **MEXICAN GRILL, 15210 S.W. 49TH STREET, MIRAMAR FL 33027**

66420618



MOORE CR2E034 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

4. FEI Number: **65-116551** Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SANTIAGO, ANNA E
 MEXICAN GRILL
 15210 S.W. 49TH STREET
 MIRAMAR FL 33027**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

B. 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

B. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD	NAME: SANTIAGO, ANNA E	STREET ADDRESS: 15210 S.W. 49TH STREET	CITY-ST-ZIP: MIRAMAR FL 33027	<input type="checkbox"/> Delete
TITLE: VD	NAME: LOPEZ, PORFIRIA	STREET ADDRESS: 15210 S.W. 49TH STREET	CITY-ST-ZIP: MIRAMAR FL 33027	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____	NAME: _____	STREET ADDRESS: _____	CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SANTIAGO, ANNA E**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR
 Date: *2/15/04* Daytime Phone #: _____