

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000070811

FILED
Mar 31, 2009
Secretary of State

Entity Name: GUADALAJARA MEXICAN RESTAURANT, INC.

Current Principal Place of Business:

8461 SW 132ND ST.
PINECREST, FL 33156

New Principal Place of Business:

8461 SW 132ND ST.
PINECREST, FL 33156 US

Current Mailing Address:

19350 SW 288TH ST
HOMESTEAD, FL 33030

New Mailing Address:

19350 SW 288TH ST.
HOMESTEAD, FL 33030

FEI Number: 65-1024654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRONES, CESAR
19350 SW 288TH ST.
HOMESTEAD, FL 33030 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERRONES, CESAR
Address: 19350 SW 288TH ST.
City-St-Zip: HOMESTEAD, FL 33030

Title: S () Delete
Name: BERRONES, GUADALUPE
Address: 19350 SW 288TH ST.
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUADALUPE BERRONES

SECR

03/31/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date