FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2004 8:00 am Secretary of State

DOCUMENT # P00000086447 1. Entity Name			Secretary of State 05-06-2004 90188 015 ***150.00	
EL COMPADRE RESTAURANT, INC.				
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 219 N.W. 27 Avenue	3. Mailing Address 150 N.W. 24	Court		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Mi ami Florida	City & State Miami Flor:	ida	4. FEI Number 65–1030038 Applied For Not Applicable	
Zip 33125 Country U.S.	A Zip 33125	Country USA .	5. Certificate of Status Desired \$8.75 Additional Fee Required	
			7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE		4 968 34.45 I	GUNZALEZ, JUAN FRANCISCO	
		Street Address	Street Address (P.O. Box Number is Not Acceptable)	
		Taring L	50 N.W. 24 Court	
		City	Miami FL Zip Code 33125	
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.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
A. This corporation is cligible to petinfults but	January 1 -	TENER ERROR CHEMONS	V32204031	
This corporation is eligible to satisfy its Int. Tax filing requirement and elects to do so. (See criteria on back)	After Ma	May 1 Fee is \$150.00 y 1 Fee is \$550.00 ed UBR is \$61.25 ble to Department of St	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
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13. 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 direction 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juan F. Gozali 3

REGIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

77/6 4

Daytime Phone #