2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2007 08:00 AM **Secretary of State DOCUMENT # P00000104403** 1. Entity Name MERCEDES RESTAURANT # 2 INC. Mailing Address Principal Place of Business 9270 NW S RIVER DR 9270 NW S RIVER DR MIAMI, FL 33178 MIAMI, FL 33178 The second of the telephone and decided by the second and the second and the second and the second and the second as 01182007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-7053291 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent abidi memilik distribuk dalah dalah menjak salaga dalah TORRENS, SARA G DO NOT WRITE 5420 WEST 21 CT. #308 IN THIS SPACE HIALEAH, FL 33016-7045 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 (NOTE: Registered Agent aignature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS endere berkenten sehr belegt des er in medik, delegt som beskeldet sjep tille spensonskip skynstyre det skinde TITLE TORRENS, SARA G NAME Per Contract Contract of the C 5420 WEST 21 CT. #308 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 330167045 U00000594928 01/23/07-80020-016 150:00 TITLE NAME STREET ADDRESS and a second contract of the c CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ini dipanciali di pi TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP all the time is an amountain and the continue of the continue of TITLE and the state of t NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

onens SIGNATURE: ** E OF SIGNING OFFICER OR DIRECTOR

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