2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2008
Secretary of State

DOCUMENT# P00000115085

Entity Name: EL GALLO DE ORO RESTAURANT, INC.

Current Principal Place of Business:

3909 WEST POWHATTAN
TAMPA, FL 33614

New Principal Place of Business:

5013 SKY BLUE DR
LUTZ, FL 33558

Current Mailing Address:

3909 WEST POWHATTAN
TAMPA, FL 33614

New Mailing Address:

5013 SKY BLUE DR
LUTZ, FL 33558

FEI Number: 59-3688952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIOS, GUSTAVO O
5013 SKY BLUE DR
LUTZ, FL 33558 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: PD ( ) Delete
Name: ORAMA, GUSTAVO I
Address: 3909 WEST POWHATTAN
City-St-Zip: TAMPA, FL 33614

Title: VD ( ) Delete
Name: PAZ, JULIA R
Address: 3909 WEST POWHATTAN
City-St-Zip: TAMPA, FL 33614

Title: TSD ( ) Delete
Name: RIOS, GUSTAVO O
Address: 5013 SKY BLUE DR.
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RIOS, GUSTAVO O
Address: 5013 SKY BLUE DR
City-St-Zip: LUTZ, FL 33558

Title: VD (X) Change ( ) Addition
Name: ORAMA, GUSTAVO I
Address: 3909 WEST POWHATTAN
City-St-Zip: TAMPA, FL 33614

Title: TSD (X) Change ( ) Addition
Name: ORAMA, JULIA R
Address: 3909 W. POWHATAN.
City-St-Zip: TAMPA, FL 33614

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: GUSTAVO ORAMA-RIOS PD 01/20/2008

Electronic Signature of Signing Officer or Director — Date