2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000071677

1. Entity Name
TLC GRILLERS CORP.

FILED
04 JUN 16 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
15221 NW67 AVENUE MIAMI LAKES, FL 33014	POBOX4721 MIAMI LAKES, FL 33014

06042004 Chg-P CR2E034 (10/03)

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

4. FEI Number 65-1126998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEEB, KEVIN L
2350 CORAL WAY
SUITE 401
MIAMI, FL 33145-3536

7. Name and Address of New Registered Agent

Name: Luis Gonzalez
Street Address (P.O. Box Number is Not Acceptable): 7295 West 15th AVENUE
City: HIALEAH FL Zip Code: 33014

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: Luis Gonzalez 6/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T CASAMAYOR, AUGUSTO R 7295 WEST 15TH AVENUE HIALEAH, FL 33014	☐ Delete	D/P/T CASAMAYOR, AUGUSTO R 7241 W TROON CIRCLE MIAMI LAKES, FL 33014	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, LUIS G 7295 WEST 15TH AVENUE HIALEAH, FL 33014	☐ Delete	D/S GONZALEZ, LUIS G 7295 WEST 15th AVENUE HIALEAH, FL 33014	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300038140083 06/21/04--01081--002 **61.25	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ 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: Casamayor Augusto R Casamayor 6/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #