2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90094 038 ***150.00

DOCUMENT # P01000089035

1. Entity Name
JJR MEXICAN GRILL, INC.

Principal Place of Business	Mailing Address
1441 S CONGRESS AVENUE DELRAY BEACH, FL 33445	23 DOGWOOD CIRCLE BOYNTON BEACH, FL 33436

04122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4531 Griffin Road		15871 SW 8th Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft.Lauderdale Fl		City & State: Delray Bch., Fl	
Zip: 33314	Country: USA	Zip: Delray Bch.	Country: USA

4. FEI Number 65-1137796 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FELIPE, JOAQUIN 23 DOGWOOD CIRCLE BOYNTON BEACH, FL 33436	Name: Felipe, Joaquin Street Address (P.O. Box Number is Not Acceptable): 15871 SW 8th Ave. City: Delray Beach FL Zip Code: 33444

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	PSTD FELIPE, JOAQUIN 23 DOGWOOD CIRCLE BOYNTON BEACH, FL 33436	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Felipe, Joaquin 15871 SW 8th Ave. Delray Beach, Fl 33444	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Jooq Jelipe President 4.12.4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #