2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000064977

1. Entity Name
CANCUN MEXICAN GRILL, INC.

Principal Place of Business	Mailing Address
9425 S.W. 40TH STREET MIAMI, FL 33165	1575 NW 14TH ST MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

02182005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
04-3700220		Not Applicable

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

6. Name and Address of Current Registered Agent

AABA, AARON
1575 N.W. 14TH STREET
MIAMI, FL 33125

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U000000241177
02/24/05-80033-017 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AABA, AARON
STREET ADDRESS	1575 N.W. 14TH ST.
CITY ST ZIP	MIAMI, FL 33125
TITLE	VD
NAME	CHAYKEN, CRAIG
STREET ADDRESS	1575 NW 14 ST
CITY ST ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ *AARON AABA* 2-19-05 305-321-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #