2003 FOR PROFIT CORPORATION

| BOT S. DOME HAVE POWARMO BEACH R. 30000 2. PRINCIPAL PLACEMENT R. 30000 3. Melling Address S Suite Act. #. etc. Suite Act. #. etc. Suite Act. #. etc. CITY & State CAY | DOCU 1. Entity Nar NEW ME | MENT # P020 EXICO RESTAURANT, INC. | 00085549 | | FILED 22 NOV 19 AM 10: 24 | | |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country S. Certificate of Status Desired S8.75 Additional Fee Required Fee Required Fee Required Fee Required 7. Name and Address of New Registered Agent Name Street Address (FO. Box Number is Not Acceptable) City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered dignet, or both, in the State of Ficrica. I am familiar with, and acceptate of projectered agent. SIGNATURE Syndam, had or printe name of engineers agent or title it accretions International Country (City City City City City City City City | - | • | | . 33309 | SECRETARY OF TARIDA | | |
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| Name Steet Address (P.O. Box Number is Not Acceptable) Steet Address (P.O. Box Number is Not Acceptable) | Zip | | · | Country | Fee Required | | |
| JOYA, ROSALINA 320 NW 39 STREET FORT LAUDERDALE FL 33309 City FL Zip Code 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 Florica. (am familiar with, and accept the obligations of registered agent.) SIGNATURE Signature, typical or privationed of registered dependence year and size it audicable. (NOTE Registered Agent signature recursed when windstarting) DATE FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTE. NAME SIRET ADDRESS CITY-51-ZP FORT LAUDERDALE FL 33309 Date 11/19/03011063014 **150.00 Addition NAME SIRET ADDRESS CITY-51-ZP FORT LAUDERDALE FL 33309 TITLE NAME SIRET ADDRESS CITY-51-ZP TITLE NAME SIRET ADR | | 6. Name and Address of Currer | nt Registered Agent | | | | |
| 320 NW 39 STREET FORT LAUDERDALE FL 33309 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 Symulus, typed or printed name of inclined agent and steel it applicable. (NOTE Registered Agent signature resulted when reclassions) DATE DATE Symulus, typed or printed name of inclined agent and steel it applicable. (NOTE Registered Agent signature resulted when reclassions) DATE | JOVA DOGALINA | | | Name | Name | | |
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| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature type of printed name of registered agent and title flagiblable. NOTE Registered Agent separative insurance when rentatory) DATE | | | | | | | |
| 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 hard of registered agent | FURITAL | JUERUALE PL 33309 | | | | | |
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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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE REQUIRED

10/25/03

Alvarado Accounting & Tax Service, Inc. 3475 Sheridan St. Ste. 210 Hollywood, FL 33021 (954) 961-1880 * Fax - (954) 961-7837

October 31, 2003

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Doc# P02000085549

Dear Gentlemen:

Enclosed is a money order for \$150 to cover the annual fee for New Mexico Restaurant, Inc. The reason for this late payment is that the owner moved and She never received the annual report. Also the owner was not aware of the annual filling requirement.

I will appreciate if you honor the above payment since this is the first time the owner is being incorporated, and She will make sure that this will not happen again.

Please consider this reasonable cause and accept the above payment as payment in full.

Thank you for your understanding and cooperation to this matter.

Sincerely,

Mariana Pelletier

Accountant

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