2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120944

FILED Jan 23, 2006 Secretary of State

Entity Name: RESTAURANTE LA CASCADA, INC. **Current Principal Place of Business: New Principal Place of Business:** 5004 NORTH ARMENIA AVENUE TAMPA, FL 33603 **Current Mailing Address: New Mailing Address:** 5004 NORTH ARMENIA AVENUE TAMPA, FL 33603 FEI Number: 85-0842368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VILLALBA, ANTONIO L VILLALBA, ANTONIO L 4703 SWIFT FOX 2416 W STATE STREET MULBERRY, FL 33860 US TAMPA, FL 33609 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: 01/23/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD () Delete Title: (X) Change () Addition Name: VILLALBA, EVA L Name: VILLALBA, EVA L 4703 SWIFT FOX 2416 W STATE ST Address: Address: City-St-Zip: MULBERRY, FL 33860 City-St-Zip: TAMPA, FL 33609 Title: () Delete Title: () Change (X) Addition Name: Name: VILLALBA, ANTHONY Address: Address: 2416 W STATE ST TAMPA, FL 33609 City-St-Zip: Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EVE VILLALBA PD 01/23/2006