## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000130252

Entity Name: COR RESTAURANT INC.

FILED Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1629 MICHIGAN AVE. MIAMI BEACH, FL 33139

**Current Mailing Address: New Mailing Address:** 

1629 MICHIGAN AVE MIAMI BEACH, FL 33139

FEI Number: 02-0658833 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:

LINARES, OSCAR CORPORATE SOLUTIONS GROUP 2525 PONCE DE LEON 1521 ALTON ROAD

STE. 400 SUITE 433 MIAMI BEACH, FL 33139 US CORAL GABLES, FL 33134 US

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: YOHAN A. NARAINE 04/29/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST ( ) Delete Title: (X) Change ( ) Addition

Name: BELLAGIO, AADIL Name: ZABALETA, JASON 2525 PONCE DEL LEON, STE. 400 1629 MICHIGAN AVE Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: MIAMI, FL 33139

Title: (X) Delete Title: () Change () Addition

Name: OSORIO, BRIAN Name: 1629 MICHIGAN AVE. Address: Address: MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

Title: (X) Delete Title: () Change () Addition

OSORIO, KEVIN Name: Name: 1629 MICHIGAN AVE. Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

LONDONO, DANIELA Name: Name: Address: 1629 MICHIGAN AVE. Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

Name: RAMOS, EDDY W Name: 1629 MICHIGAN AVE. Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JASON ZABALETA PST 04/29/2005