

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/17/2004-90001-029-\$150.00-\$150.00
FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA


54073023



07152004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000014785

1. Entity Name
LA TASCA RESTAURANT CORPORATION



Principal Place of Business
**16120 E TROON CIRCLE
MIAMI LAKES, FL 33014**

Mailing Address
**16120 E TROON CIRCLE
MIAMI LAKES, FL 33014**

2. Principal Place of Business
7357 MEANE LAKES DR.

3. Mailing Address
7357 MEANE LAKES DR.

Suite, Apt. #, etc.

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

Zip
33014 Country
USA

Zip
33014 Country
USA

4. FEI Number
80-1057835

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ARTURO
16120 E TROON CIRCLE
MIAMI LAKES, FL 33014**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.


10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ARTURO	
STREET ADDRESS	16120 E TROON CIRCLE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	V	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EULALIA	
STREET ADDRESS	16120 E TROON CIRCLE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE	S	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, ARTHUR F	
STREET ADDRESS	16120 E TROON CIRCLE	
CITY-ST-ZIP	MIAMI LAKES, FL 33014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **9/13/04** **MIAMI (786) 367-9902**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____