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Aug 09, 2004 8:00 am
Secretary of State

07-22-2004 90007 031 ***150.00

7/22

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000022081

1. Entity Name
CORINTHIAN RESTAURANT, INC.

66431531

05302004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~9900 NW 2 AVE~~ 5825 Collins AVE. ~~MIAMI, FL 33150~~ MIAMI BEACH, Fl. 33140	~~9900 NW 2 AVE~~ 5825 Collins AVE. ~~MIAMI, FL 33150~~ MIAMI BEACH, Fl. 33140

2. Principal Place of Business	3. Mailing Address	4. FEI Number
5825 Collins AVE.	SAME	05-0556012 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. —	Suite, Apt. #, etc.	
City & State: MIAMI BEACH, Fl.	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip: 33140 Country	Zip Country	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOFIL INVESTMENTS INC 2011 S PERIMERTER RD STE C FT LAUDERDALE, FL 33309	Name: OLGA A. ROSARIO Street Address (P.O. Box Number Is Not Acceptable): 9900 N.W. 2nd AVE. City: MIAMI FL Zip Code: 33150

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: OLGA A. ROSARIO VSD [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
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD ROSARIO, JOSE 9900 NW 2 AVE MIAMI, FL 33150 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD FARA, OLGA 9900 NW 2 AVE MIAMI, FL 33150 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.S.D. ROSARIO, OLGA A. 9900 N.W. 2nd. AVE. MIAMI, Fl. 33150 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Jose L Rosario 7/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #