


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90012 049 \*\*\*150.00

**DOCUMENT # P03000107451**  
 1. Entity Name  
 GUACAMOLE MEXICAN CUISINE, INC.



Principal Place of Business  
 14019 WEST COLONIAL DR.  
 WINTER GARDEN, FL 34787

Mailing Address  
 216 FIRST ST  
 OCOEE, FL 34761

40101302



03252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 83-0378666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GIRALDO, LOUIS  
 14019 WEST COLONIAL DR.  
 WINTER GARDEN, FL 34787

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GIRALDO, LOUIS 14019 WEST COLONIAL DR. WINTER GARDEN, FL 34787
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR