2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 OCT -8 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000128874

1. Entity Name
EL OASIS CAFE RESTAURANT INC

Principal Place of Business | Mailing Address

05182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address	
2140 W FLAGLER ST	SAME	
Suite, Apt. #, etc. 111 - 112	Suite, Apt. #, etc.	
City & State MIAMI FL	City & State	
Zip 33135 / Country USA	Zip	Country

4. FEI Number 80-0123240 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
Name RASSIEL GOMEZ
Street Address (P.O. Box Number is Not Acceptable)
2140 W FLAGLER ST # 111-112
City MIAMI FL Zip Code 33135

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 ______ [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	(P) RASSIEL GOMEZ 2140 W FLAGLER ST # 111-112 MIAMI FL 33135 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900041817099 10/12/04--01042--009 **158.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(VP) JAVIER GOMEZ 2140 W FLAGLER ST # 111-112 MIAMI FL 33135 ☐ 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
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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: ______ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: P03000128874

I AM WRITING TO YOU BECAUSE I DID NOT RECEIVE THE 2004 ANNUAL REPORT FOR MY BUSINESS. WHEN I CONTACTED YOUR OFFICE. I DO NOT RECALL RECEIVING THE POST CARD ALERTING THE ANNUAL REPORT. I ASK THAT YOU PLEASE WAIVE THE PENALTY IN THE AMOUNT OF $400.00 AND ACCEPT MY RENEWAL FEE IN THE AMOUNT OF $150.00 SINCE I DO NOT HAVE THE MONEY TO PAY FOR THE PENALTY. I HOPE THAT YOU TAKE THIS ALL INTO CONSIDERATION.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION WITH THIS MATTER,

RASSIEL GOMEZ