

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1042

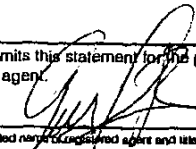
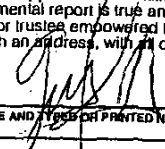
FILED

04 OCT -8 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05182004 Chg-P CR2E034 (10/03)

DOCUMENT # P03 000128874			
1. Entity Name EL OASIS CAFE RESTAURANT INC			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 2140 W FLAGLER ST		3. Mailing Address 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:  (NOTE: Registered Agent signature required when renewing)			
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 (P) NAME STREET ADDRESS CITY-ST-ZIP	RASSIEL GOMEZ ☐ Delete 2140 W FLAGLER ST # 111-112 MIAMI FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900041817000 ☐ Addition 10/12/04--01042--009 **158.75
TITLE (VP) NAME STREET ADDRESS CITY-ST-ZIP	JAVIER GOMEZ ☐ Delete 2140 W FLAGLER ST # 111-112 MIAMI FL 33135	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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date			
Daytime Phone #			

2 of 2

FILED

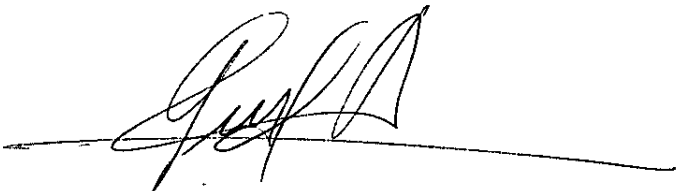
04 OCT -8 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE: P 03 000 128 874

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,

A handwritten signature in black ink, appearing to read 'Rassiel Gomez', written over a horizontal line.

RASSIEL GOMEZ