

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90025 043 ***150.00

DOCUMENT # P04000007298 1. Entity Name TIO OXIE'S CALIFORNIA-MEXICAN GRILL, INC.					
Principal Place of Business 1474 W GRANAELA BLVD STE 430 ORMOND BEACH, FL 32174			Mailing Address 2811 ROCHELLE LANE DELAND, FL 32724		
2. Principal Place of Business 1474 W. GRANADA BLVD		3. Mailing Address 			
Suite, Apt. #, etc. Suite 430		Suite, Apt. #, etc. 			
City & State Ormond Beach, FL		City & State 			
Zip 32174		Country 		Zip 	
Country 		Country 		Country 	
6. Name and Address of Current Registered Agent OCCIANA, ELLA 2811 ROCHELLE LANE DELAND, FL 32724				7. Name and Address of New Registered Agent Name OCCIANO, ELLA Street Address (P.O. Box Number is Not Acceptable) 2811 Rochelle Lane City DeLand FL Zip Code 32724	
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 <u>ELLA OCCIANO</u> <u>Sylvia Occiano</u> <u>5/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 OCCIANO, SYLVESTER STREET ADDRESS 2811 ROCHELLE LANE CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME OCCIANO, ELLA STREET ADDRESS 2811 ROCHELLE LANE CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME OCCIANO, ABIGAIL STREET ADDRESS 2817 ROCHELLE LANE CITY-ST-ZIP DELAND, FL 32724	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Sylvia Occiano</u> <u>ELLA OCCIANO</u> <u>5/14/06</u> <u>386-774-2382</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					