2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006
Secretary of State

DOCUMENT# P04000013672

Entity Name: MENCIA'S RESTAURANT, INC.

Current Principal Place of Business:

205 WEST MAIN STREET
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

PO BOX 1648
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 05-0596479 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACEVEDO, JUAN
205 WEST MAIN STREET
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ACEVEDO, MENCIA R
Address: 710 OAK STREET
City-St-Zip: FAIRLAWN, NJ 07410

Title: DVP ( ) Delete
Name: ACEVEDO, JUAN
Address: 36 WILLIAMS ROAD
City-St-Zip: HOLLYWOOD, FL 33023

Title: ST ( ) Delete
Name: ACEVEDO, JUAN
Address: 36 WILLIAMS ROAD
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ACEVEDO, MENCIA R
Address: 710 OAK STREET
City-St-Zip: FAIRLAWN, NJ 07410

Title: VP (X) Change ( ) Addition
Name: ACEVEDO, JUAN
Address: PO BOX 1648
City-St-Zip: IMMOKALEE, FL 34143

Title: ST (X) Change ( ) Addition
Name: ACEVEDO, JUAN
Address: PO BOX 1648
City-St-Zip: IMMOKALEE, FL 34143

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN ACEVEDO DVP 02/28/2006

Electronic Signature of Signing Officer or Director — Date