FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90118 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000031270

1. Entity Name
CHISPI'S RESTAURANT, INC.

40080794

Principal Place of Business	Mailing Address
517 E VENTURA AVE CLEWISTON, FL 33440	517 E VENTURA AVE CLEWISTON, FL 33440

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
205 San Luiz Ave	205 San Luiz Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clewiston Florida	City & State: Clewiston Florida
Zip: 33440 Country:	Zip: 33440 Country:

4. FEI Number: 20-1145864 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POZO, BEATRICE
517 E VENTURA AVE
CLEWISTON, FL 33440

7. Name and Address of New Registered Agent

Name: Beatrice Pozo
Street Address (P.O. Box Number is Not Acceptable): 205 San Luiz Ave
City: Clewiston FL Zip Code: 33440

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] Beatrice Pozo 4-28-05
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
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: POZO, BEATRICE STREET ADDRESS: 517 E VENTURA AVE CITY-ST-ZIP: CLEWISTON, FL 33440	☐ Delete	TITLE: NAME: STREET ADDRESS: 205 San Luiz Ave CITY-ST-ZIP: Clewiston, FL 33440	☒ Change ☐ Addition
TITLE: DS NAME: HERRERA, PASCACIO STREET ADDRESS: 549 SE 2 ST CITY-ST-ZIP: BELLE GLADES, FL 33430	☐ 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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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] Beatrice Pozo 4-28-05 863-228-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #