
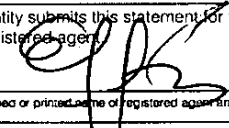
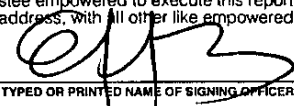


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90160 019 \*\*\*150.00

<b>DOCUMENT # P04000036796</b> 1. Entity Name <b>LATIN AMERICAN TROPICAL RESTAURANT, INC.</b>					
Principal Place of Business <b>8108 NW 103RD STREET HIALEAH GARDENS, FL 33016</b>			Mailing Address <b>8108 NW 103RD STREET HIALEAH GARDENS, FL 33016</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>20-0799894</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02072005    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>LIBERTY BUSINESS SERVICES, INC. 8202 NW 103RD STREET HIALEAH GARDENS, FL 33016</b>			7. Name and Address of New Registered Agent Name <b>ELVIS R. PEREZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2835 WEST 71 PLACE</b> City <b>HIALEAH</b> FL    Zip Code <b>33018</b>		
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 		<b>ELVIS R. PEREZ PD.</b>		<b>03/06/05</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, ELVIS R <b>5200 SW 3RD STREET MIAMI, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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		<b>ELVIS PEREZ</b>		<b>03/06/05</b> <small>Date</small>	