
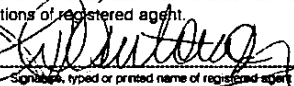



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000043961</b> 1. Entity Name <b>EL PLATO, INC.</b>						<b>FILED</b> <b>05 APR -4 PM 12: 12</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>9150 SW 78 STREET</b> <b>MIAMI, FL 33173 US</b>				Mailing Address <b>9150 SW 78 STREET</b> <b>MIAMI, FL 33173 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>83-038 8235</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LOPEZ, FERNANDO</b> <b>9150 SW 78 STREET</b> <b>MIAMI, FL 33173</b>				7. Name and Address of New Registered Agent Name <b>FLORIDA ANNUAL REPORT SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2300 Coral Way, Suite 200</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33145</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>AMADA CANTERA LOPEZ, PRESIDENT</b> <b>3/22/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>LOPEZ, FERNANDO</b> STREET ADDRESS <b>9150 SW 78 STREET</b> CITY-ST-ZIP <b>MIAMI, FL 33173</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <b>V</b> <input type="checkbox"/> Delete NAME <b>LOPEZ, CHRISTINE</b> STREET ADDRESS <b>9150 SW 78 STREET</b> CITY-ST-ZIP <b>MIAMI, FL 33173</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN, OFFICER OR DIRECTOR</small> <b>FERNANDO LOPEZ, PRESIDENT</b>				Date <b>2-16-05</b> Daytime Phone #			