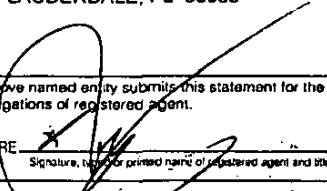
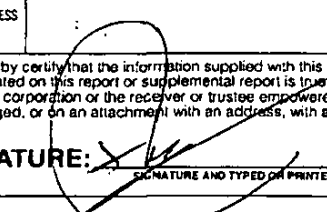


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90027 036 ***158.75

DOCUMENT # P04000081135					
1. Entity Name EL RANCHO VIEJO MEXICAN RESTAURANT INC					
Principal Place of Business 7310 SW 8 ST NORTH LAUDERDALE, FL 33068			Mailing Address 7310 SW 8 ST NORTH LAUDERDALE, FL 33068		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1152847	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CARDENAS, SOLEDAD 7310 SW 8 ST NORTH LAUDERDALE, FL 33068				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/13/05					
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 11		
TITLE	P	CARDENAS, SOLEDAD	TITLE	VP	SAUL PERALTA
NAME			NAME		
STREET ADDRESS		7310 SW 8 ST	STREET ADDRESS		7310 SW 8 ST
CITY-ST-ZIP		NORTH LAUDERDALE, FL 33068	CITY-ST-ZIP		NORTH LAUDERDALE, FL 33068
TITLE	V	SANTAELLA, GERONIMA	TITLE		
NAME			NAME		
STREET ADDRESS		7310 SW 8 ST	STREET ADDRESS		
CITY-ST-ZIP		NORTH LAUDERDALE, FL 33068	CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE: 4/13/05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					