

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90077 027 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------|
| DOCUMENT # P04000087454 | | | |  | |
| 1. Entity Name EL TAMALITO CUBANO, INC. | | | | | |
| Principal Place of Business 1570 WEST 43 STE 10 HIALEAH, FL 33012 | | | Mailing Address 1570 WEST 43 STE 10 HIALEAH, FL 33012 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent GALVEZ, MAINEL A 1337 W 49 PL APT 321 HIALWAH, FL 33012 | | | | 7. Name and Address of New Registered Agent | |
| Name | | | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | | | City | City |
| FL | | | | FL | FL |
| Zip Code | | | | Zip Code | 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 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 | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GALVEZ, MAINEL A | NAME | | | |
| STREET ADDRESS | 1337 W 49 PL APT 321 | STREET ADDRESS | | | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | CEPERO, WILLIAM <i>change for</i> | NAME | Pedro A. GALVEZ | | |
| STREET ADDRESS | 1337 W 49 PL APT 321 | STREET ADDRESS | 567 W 40 PL | | |
| CITY-ST-ZIP | HIALEAH, FL 33012 | CITY-ST-ZIP | HIALEAH, FL 33012 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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 exemptions contained 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 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: <i>[Signature]</i> | | | Date: 4/25/06 (786)277-6114 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |

40089574



03082006 Chg-P CR2E034 (11/05)

4. FEI Number 56-2471240 Applied For Not Applicable

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

FL

change for →

(addition)