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Mar 18, 2005 8:00 am
Secretary of State

02-02-2005 90065 028 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000090562

1. Entity Name
AZTECA TWO MEXICAN RESTAURANT, INC.

Principal Place of Business	Mailing Address
602 MANATEE BAY DRIVE CAPE CANAVERAL, FL 32920	602 MANATEE BAY DRIVE CAPE CANAVERAL, FL 32920

66006021

01212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	5050 Saturday PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Cocoa Fla
Zip / Country	Zip: 32926 / Country: Brevard

4. FEI Number: 20-1245469 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARRIEL, ROLANDO G
602 MANATEE BAY DRIVE
CAPE CANAVERAL, FL 32920

7. Name and Address of New Registered Agent

Name: Barrial Rolando G
Street Address (P.O. Box Number is Not Acceptable): 5050 Saturday Place
City: Cocoa FL Zip Code: 32926

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, 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 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARRIEL, ROLANDO G 602 MANATEE BAY DRIVE CAPE CANAVERAL, FL 32920	☐ Delete	P Barrial Rolando G 5050 Saturday PL Cocoa Fla 32926	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BARRIAL, NIURKA 602 MANATEE BAY DRIVE CAPE CANAVERAL, FL 32920	☐ Delete	VP Barrial, Niurka 5050 Saturday PL Cocoa Fla 32926	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Niurka Barrial 1-27-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #