

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000104808

FILED
Mar 04, 2006
Secretary of State**Entity Name:** "JAB JAB" GONZALEZ CORP**Current Principal Place of Business:**8950 S US HWY 1
PORT ST LUCIE, FL 34952**New Principal Place of Business:****Current Mailing Address:**4257 SW WINSLOW ST
PORT ST LUCIE, FL 34953**New Mailing Address:****FEI Number:** 41-2143719**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ACAPULCO LINDO MEXICAN RESTAURANT
4257 SW WINSLOW ST
PORT ST LUCIE, FL 34953 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GONZALEZ, CECILIA
Address: 4257 SW WINSLOW ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP () Delete
Name: GONZALEZ, RAUL
Address: 4257 SW WINSLOW ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SEC () Delete
Name: GONZALEZ, KATHIA
Address: 4257 SW WINSLOW ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: OFFC (X) Delete
Name: GONZALEZ, PEDRO
Address: 4257 SW WINSLOW ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: OFFC (X) Delete
Name: IRENE, GONZALEZ
Address: 1651 SE BUTTERCUP AVE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KATHIA, GONZALEZ
Address: 4257 SW WINSLOW ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: SEC (X) Change () Addition
Name: GONZALEZ, IRENE
Address: 1651 SE BUTTERCUP AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILIA GONZALEZ

P

03/04/2006

Electronic Signature of Signing Officer or Director

Date