2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127444

Entity Name
 JUAN CARLOS RESTAURANT, INC.



FILED Aug 29, 2007 08:00 AM Secretary of State

Principal Place of Business

1777 W. FLAGLER ST. MIAMI, FL 33135 Mailing Address

1777 W. FLAGLER ST. MIAMI, FL 33135





08232007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-1599387 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PACHECO, MIREY A 1777 W. FLAGLER ST. MIAMI, FL 33135

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	purpose of changing its registers	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered.				required when roinstating)	OATE		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finance Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PACHECO, MIREYA A 1777 W. FLAGLER ST. MIAMI, FL 33135				U00000772971 08/29/07-80002-010 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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TITLE NAME STREET ADDRESS 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 cath; 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: * MUST PRINTED NAME OF SIGNING OFFICER OR DISPCTOR

08/28/07

784-444-6126

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