2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2007 8:00 am Secretary of State

DOCUMENT # P04000147656 1. Entity Name GUACAMOLE RESTAURANT, INC							05-02-2007 9	90041 034	4 ***150	0.00
Principal Place2130 SW 42 PLANTATION	e of Business AVE 2480Sw 43rd Tarrock I, FL 33317	Mailing Address 2130 SW 42-AVE ЭЧ8ОSW ЧЗи PLANTATION, FL 33317		43rd T	Enace					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address							
Suite, Apt. #; etc.		Suite, Apt. #, etc.				02282007	Chg-P	CR2E03	4 (12/06)	
City & State		City & State				4. FEI Number 20-1805			⊢	pplied For at Applicable
Zip	Country	Zip				l	f Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent		N		7. Name and	Address of New R	egistered Aç	gent	
HEDDERA	AAANUEL A			Name				•		
HERRERA, MANUEL A 2130 SW 42 AVE PLANTATION, FL 33317				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 Signature. Types or printed name of registered agent and title d applicable. (NOTE: Registered Agent signature required when reinstating) DATE									,	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fée will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	DIRECTORS	11.		<i>i</i>	ADDITIONS/C	HANGES TO OFF	ICERS AND (DIRECTOR	S IN 11
TITLE	Р	☐ Delete	TITLE	Ē					☐ Change	Addition
NAME	a consultant Tare of		NAM	E						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP						
TITLE		☐ Delete	THTU						☐ Change	Addition
NAME	,		NAM							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			-	-ST-ZIP						
TITLE NAME		Delete	TITLE						Change	Addition Addition
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	THTLE						Change	Addition
NAME			NAM	E						_
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP						
TITLE		☐ Delete	TITLE	 [Change	☐ Addition
NAME			NAM							
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP				-ST-ZIP						—
TITLE		☐ Delete	TITLE						Change	Addition
NAME STREET ADDRESS			NAM STRE	et address						
CITY-ST-ZIP			1	-ST-ZIP						
	1	this filles dose not qualify to	-				Clasida Statutas I			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2307

954-612-6441