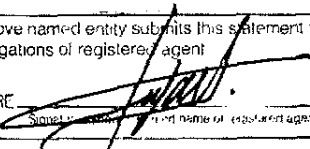
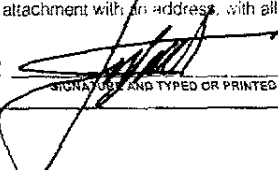
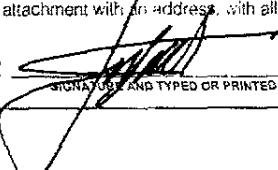


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000153832 1. Entity Name MAR Y TIERRA RESTAURANT, INC.					
Principal Place of Business 8401 NW SOUTH RIVER DR. MEDLEY, FL 33166			Mailing Address 8401 NW SOUTH RIVER DR. MEDLEY, FL 33166		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1869551	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MARTINEZ, MANUEL B 8401 NW SOUTH RIVER DR. MEDLEY, FL 33166			7. Name and Address of New Registered Agent Name 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: 					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PSD MARTINEZ, MANUEL B 8401 NW SOUTH RIVER DR. MEDLEY, FL 33166	☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete			
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 supplement 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: 			Date: 04-19-06.		