


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90085 014 ***150.00

DOCUMENT # P04000160272

1. Entity Name
 CARIDAD RESTAURANT, INC.



Principal Place of Business Mailing Address
~~2108 WHISPER LAKES BLVD.~~ ~~2108 WHISPER LAKES BLVD.~~
~~ORLANDO, FL 32837~~ ~~ORLANDO, FL 32837~~

40054613



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1163 S. SEMORAN BLVD 1163 S. SEMORAN BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04032007 Chg-P CR2E034 (12/06)

City & State City & State
 ORLANDO, FLORIDA ORLANDO, FLORIDA
 Zip Country Zip Country
 32807 ORANGE 32807 ORANGE

4. FEI Number Applied For
 20-1929516 Not Applicable

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

6. Name and Address of Current Registered Agent
 GENAO, LEONALDA
 2108 WHISPER LAKES BLVD.
 ORLANDO, FL 32837

7. Name and Address of New Registered Agent
 Name LEONALDA GENAO
 Street Address (P.O. Box Number is Not Acceptable)
 1163 S. SEMORAN BLVD
 City ORLANDO FL Zip Code 32807

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: *Leonalda Genao* DATE: 4/3/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing - Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD GENAO, LEONALDA 2108 WHISPER LAKES BLVD ORLANDO, FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PIT/S/D LEONALDA GENAO 1163 S. SEMORAN BLVD ORLANDO, FLORIDA 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leonalda Genao* DATE: 4/3/07 DAYTIME PHONE #: 407-382-1522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR