


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90060 012 ***150.00

DOCUMENT # P04000160272					
1. Entity Name CARIDAD RESTAURANT, INC.					
Principal Place of Business 1163 S. SEMORAN BLVD ORLANDO, FL 32807		Mailing Address 1163 S. SEMORAN BLVD ORLANDO, FL 32807			
2. Principal Place of Business - No P.O. Box # 2640 S. STATE Rd 7 Suite, Apt. #, etc.		3. Mailing Address 2640 S. STATE Rd 7 Suite, Apt. #, etc.			
City & State MIRAMAR Florida		City & State MIRAMAR Florida		4. FEI Number 20-1929516	
Zip 33003	Country BROWARD	Zip 33003	Country BROWARD	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GENAO, LEONALDA 1163 S. SEMORAN BLVD ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name LEONALDA GENAO Street Address (P.O. Box Number is Not Acceptable) 2640 S. STATE Rd 7 City MIRAMAR FL Zip Code 33003		
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: <i>Leonalda Genao</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTSD GENAO, LEONALDA 1163 S. SEMORAN BLVD ORLANDO, FL 32807	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2640 S. STATE Rd 7 MIRAMAR, FLORIDA 33003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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: <i>Leonalda Genao</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2/6/08 Daytime Phone: 954-741-6820		