

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

57

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90149 009 \*\*\*\*50.00  
06-16-2006 90102 039 \*\*\*\*100.00

<b>DOCUMENT # P05000003976</b> 1. Entity Name <b>RAMIRO'S RESTAURANT, INC.</b>					
Principal Place of Business <b>2833 BIRD AVENUE MIAMI, FL 33133</b>			Mailing Address <b>C/O ESTRELLA &amp; DIAZ-LEYVA, P.A. 3750 WEST FLAGLER STREET MIAMI, FL 33134</b>		
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 <b>20-2445836</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ESTRELLA &amp; DIAZ-LEYVA, P.A. 3750 WEST FLAGLER STREET MIAMI, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ESTRELLA, NICOLAS 3750 WEST FLAGLER STREET MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGUERA, LUIS 3750 W FLAGLER ST MIAMI, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COPPOLA, MARCELLO 3750 W FLAGLER ST MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMIRO FLORES, JESUS 3750 W FLAGLER ST MIAMI, FL 33134	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 live empowered.					
SIGNATURE: _____ <b>4/18/06 305-443 2829</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					