

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90043 039 ***150.00

DOCUMENT # P05000070048
 1. Entity Name
 RITA'S RESTAURANT, CORP.



Principal Place of Business Mailing Address
 4030 EAST 5TH AVENUE 4030 EAST 5TH AVENUE
 HIALEAH, FL 33013 HIALEAH, FL 33013

40118712



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 4080 East 4th Ave.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

05152007 Chg-P CR2E034 (12/06)

City & State City & State
 Hialeah Florida

4. FEI Number Applied For
 20-2836161 Not Applicable

Zip Country Zip Country
 33013 U.S.A.

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 GUERRA, RITA M Name
 4030 EAST 5TH AVENUE Street Address (P.O. Box Number is Not Acceptable)
 HIALEAH, FL 33013 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 _____ DATE _____
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 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUERRA, RITA M 4030 EAST 5TH AVENUE HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE: 5/15/07 (305) 362-9139
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #