

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90418 041 ***150.00

DOCUMENT # P05000101064

1. Entity Name
CANCUN GRILL OF NAPLES, INC.



Principal Place of Business
1845 MONTE VISTA ST
FT MYERS, FL 33901

Mailing Address
1845 MONTE VISTA ST
FT MYERS, FL 33901

2. Principal Place of Business
8793 Taimian Trail

3. Mailing Address

Suite, Apt. #, etc.
Unit 120

Suite, Apt. #, etc.

City & State
Naples FL

City & State

Zip
34113

Country
Cuba

Zip

Country

01162006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3219139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOND, MICHAEL
1845 MONTE VISTA ST
FT MYERS, FL 33901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARREUTA, GABRIEL
1845 MONTE VISTA ST
FT MYERS, FL 33901 ☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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: GABRIEL BARREUTA, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-06 239-872-5784
Date Daytime Phone #