2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 23, 2006 8:00 am Secretary of State 05-03-2006 90231 019 ***150.00

DOCUMENT # P05000107214 1. Entity Name MI BOHIO RESTAURANT, CORP.								03-03-20	006 9023	31 U19 ***	····130.00
Principal Place of Business			Mailing Address				1			• • • • •	
1870 WEST 84 STREET HIALEAH, FL 33014			1870 WEST 84 STREET Hialeah, Fl. 33014					, .			
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01132006	Chg-P		34 (11/05)	
City & State			City & State			4. FEI Numb	"20-32	39979	A A	plied For a Applicable	
Zip		Country Zip		Count	by	5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent						Name	7. Name and	Address of New R	legistered A	gent	
BOZA, EVELIO A 1870 WEST 84 STREET						Street Address (P.O. Box Number is Not Acceptable)					<u></u>
HIALEAH, FL 33014											
						City			FL	·ZIp/Cod	e
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. It am familiar with, and accept the obligations of registered agent.											
SIGNATURE Bigneure, typed or privated name of registeriod agent and title if applicable. (NOTE: Registeriod Agent alignature required when refressing) DATE											
							5.00 May Be Ided to Fees	į			
10.		OFFICERS AND	DIRECTORS		11.	 	ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR:	S IN 11
NAME STREET ADDRESS	PD BOZA, E	VELIO A ST 84 STREET		Delete	TITLE NAM STRE					Change	Addition
CITY-ST-ZIP	ľ	I, FL 33014				-ST-ZIP					
nne] Dalete	TITLE			· <u>-</u>	·	Change	Addition
STREET ADDRESS		₩.				ET ADDRESS					
CITY-SI-ZIP TITLE	-			Delete	TITLE	-51-ZIP		····		Change	Addition
NAME STREET APORESS		- 54 - 4.6			nama Stre	E Et aodress					
CHY-SI-ZIP	ļ <u>-</u> -			 	-	-ST-ZIP					
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CITY-ST-ZIP	ļ			7	-	-51-ZIP				<u> </u>	
NAME			ſ	⊒ Deleta	TITLE NAME					☐ Change	Addition
STREET ADDRESS CITY-SI-ZIP					STRE	ET ADDRESS -St-ZIP					
12. I hereby certify that the information supplied with this Inling does not qualify for the exemptions contained in Chapter 1.19, 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 ceth; 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 charged, or or an attachment with an address, with all other like empowered.											
SIGNATURE: 5-01-2006 SIGNATURE AND TYPE DATA PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR											
1		TIGHATURE AND TYPEILDS	TRINTED HAVE OF B	IGHING OFFICER (OR DIRECT	TOR		Deta	В	ytame Phone e	