2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

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1. Entity Name
DON TOTO PARRILLADA, INC.



Principal Place of Business

Mailing Address

8263 SW 40 STREET MIAMI, FL 33155 8263 SW 40 STREET MIAMI, FL 33155



DO NOT WRITE IN THIS SPACE

| 04172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3472603

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

MACHADO, DAVIS E 231 NW 109TH AVE, # 103 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its re	gistered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: R	iegistered Agent signatur	e required when reinstating)	DATE			
	E NOW!!! FEE 1S \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			U00000742094 05/15/07-80056-016 150.00			
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PSTD MACHADO, DAVIS E 231 NW 109TH AVE, # 103 MIAMI, FL 33172							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
THLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS				IN	IN THIS SPACE			

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 apparts 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 received 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 on an attachment vita an actives with all other like empowered

SIGNATURE: Y

ITILE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Davis

Davis Machado

04/27/07

786-443-0290

Daytima Phone #