


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2007 8:00 am**  
**Secretary of State**

07-05-2007 90058 041 \*\*\*150.00

**DOCUMENT # P05000160065**

1. Entity Name  
**SANTA BARBARA BOX LUNCH, CORP.**



Principal Place of Business      Mailing Address  
**6481 WEST 8 LANE**      **6481 WEST 8 LANE**  
**HIALEAH, FL 33012-6423**      **HIALEAH, FL 33012-6423**

**40122810**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

07032007      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, LUIS**  
**6481 WEST 8 LANE**  
**HIALEAH, FL 33012-6423**

4. FEI Number  
**APPLIED FOR**

Applied For  
 Not Applicable

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

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)      DATE \_\_\_\_\_

**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	DPS RODRIGUEZ, LUIS 6481 WEST 8 LANE HIALEAH, FL 330126423 <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:**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #