2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007
Secretary of State

DOCUMENT# P06000040233

Entity Name: CHIPOTLE CALIENTE SERVICES, INC.

Current Principal Place of Business:

11093 KELLY ROAD
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

11093 KELLY ROAD
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-4525615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONDONO, MARILYN
13180 N CLEVELAND AVENUE
318,319
FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

RUIZ, OSCAR A
11093 KELLY ROAD
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FORT MYERS, FL 33908 US

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.

SIGNATURE: OSCAR A RUIZ 05/04/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,T ( ) Delete
Name: RUIZ, VERONICA G
Address: 11097 KELLY ROAD APT 1
City-St-Zip: FORT MYERS, FL 33908

Title: VP ( ) Delete
Name: RUIZ, OSCAR A
Address: 11097 KELLY ROAD APT 1
City-St-Zip: FORT MYERS, FL 33908

Title: S,D ( ) Delete
Name: USCANGA-FLORES, DELIO
Address: 11097 KELLY ROAD APT 1
City-St-Zip: FORT MYERS, FL 33908

Title: D ( ) Delete
Name: VARGAS-OLMEDA, JOSE A
Address: 222 FAIR WEATHER DRIIVE #8
City-St-Zip: FORT MYERS, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S,D (X) Change ( ) Addition
Name: STYLES, PHILLIP M
Address: 815 MAGNOLIA AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR A RUIZ VP 05/04/2007
Electronic Signature of Signing Officer or Director Date