

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000059098

FILED
Mar 20, 2008
Secretary of State

Entity Name: EL PLATO LOCO TAKE OUT RESTAURANT CORP.

Current Principal Place of Business:

1414 LUCERNE AVENUE
LAKE WORTH, FL 33460 US

New Principal Place of Business:

Current Mailing Address:

1414 LUCERNE AVENUE
LAKE WORTH, FL 33460 US

New Mailing Address:

FEI Number: 20-4762503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, JOSE
1414 LUCERNE AVENUE
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

CRUZ, JOSE D PST
1414 LUCERNE AVENUE
LAKE WORTH, FL 33460 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: JOSE D CRUZ

03/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: CRUZ, JOSE
Address: 1414 LUCERNE AVENUE
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D () Delete
Name: CRUZ, JOSE
Address: 1414 LUCERNE AVENUE
City-St-Zip: LAKE WORTH, FL 33460 US

Title: VP () Delete
Name: MARTA, CRUZ
Address: 1414 LUCERNE AVENUE
City-St-Zip: LAKE WORTH, FL 33460 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CRUZ, JOSE D
Address: 1414 LUCERNE AVENUE
City-St-Zip: LAKE WORTH, FL 33460 US

Title: D (X) Change () Addition
Name: CRUZ, JOSE D
Address: 1414 LUCERNE AVENUE
City-St-Zip: LAKE WORTH, FL 33460 US

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

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: JOSE D CRUZ

PST

03/20/2008

Electronic Signature of Signing Officer or Director

Date