

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90102 036 ***150.00

DOCUMENT # P06000085631 1. Entity Name CABANA RESTAURANT, INC.			
Principal Place of Business 9155 PANZANI PLACE WINDERMERE, FL 34786		Mailing Address 9155 PANZANI PLACE WINDERMERE, FL 34786	
2. Principal Place of Business - No P.O. Box # 11077 W COLONIAL DR Suite, Apt. #, etc.		3. Mailing Address 11077 W. COLONIAL DR Suite, Apt. #, etc.	
City & State OCFEE, FLORIDA Zip 34761		City & State OCFEE, FLORIDA Zip 34761	
4. FEI Number 20-5117280		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARINAS, JOAQUIN 1000 WEST COLONIAL DRIVE ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name SERGIO UREÑA Street Address (P.O. Box Number is Not Acceptable) 11077 W. COLONIAL DRIVE City OCFEE FL Zip Code 34761	
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: <u>X Sergio Ureña</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/22/07</u>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D TEJADA, DANNY 11228 BRIDGE HOUSE ROAD WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D SERGIO UREÑA 401 THUNDER GULCH CT ORLANDO, FLORIDA 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARINAS, FROILAN A DR. 11228 BRIDGE HOUSE ROAD WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D HORTENSIA UREÑA RODRIGUEZ 401 THUNDER GULCH CT ORLANDO, FLORIDA 32824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D BELLO, ANDRES DR. 9155 PANZANI PLACE WINDERMERE, FL 34786	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <u>X Sergio Ureña</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>1/22/07</u> <u>407-877-7005</u> Date Daytime Phone #	