

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90026 026 ***150.00

DOCUMENT # P06000097196	
1. Entity Name BRISAS DEL YUNQUE RESTAURANT, INC.	



Principal Place of Business PO BOX 721683 ORLANDO, FL 32872	Mailing Address PO BOX 721683 ORLANDO, FL 32872
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2. Principal Place of Business - No P.O. Box # 1328 N. JOHN YOUNG PKWY	3. Mailing Address 1328 N. JOHN YOUNG PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

00001001



01192007 Chg-P CR2E034 (12/06)

City & State KISSIMMEE, FL.	City & State KISSIMMEE, FL.
Zip 34744	Country U.S.

4. FEI Number 20-5265007	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ, TOMAS 1328 N JOHN YOUNG PKWY KISSIMMEE, FL 34744	
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7. Name and Address of New Registered Agent Name MARITZA VASQUEZ Street Address (P.O. Box Number is Not Acceptable) 1328 N. JOHN YOUNG PKWY City KISSIMMEE FL 34744	
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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: X *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LOPEZ, TOMAS PO BOX 721683 ORLANDO, FL 32872 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESTREPO, LUZ M PO BOX 721683 ORLANDO, FL 32872 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT VASQUEZ, MARITZA PO BOX 721683 ORLANDO, FL 32872 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANADOS, GERMAN PO BOX 721683 ORLANDO, FL 32872 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S MARITZA VASQUEZ 1328 N. JOHN YOUNG PKWY KISSIMMEE, FL. 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T GERMAN GRANADOS 1328 N. JOHN YOUNG PKWY KISSIMMEE, FL. 34744 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X *[Signature]* 1/23/07 707-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #