2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000109396

City-St-Zip:

Address:

City-St-Zip:

6509 RUNNINGWOODS DRIVE

TAMPA, FL 33334 US

FILED Feb 25, 2007 Secretary of State

Entity Name: PIPO	S COUSIN RESTAURANT INC			
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
4025 W.WATERS A\ TAMPA, FL 33614				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
4025 W.WATERS A\ TAMPA, FL 33614				
FEI Number: 20-5414711	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
CASTILLO, TONY 935 MAIN ST C-2	TI 04005 110			
SAFETY HARBOR, F	-L 34695 US			
The above named en in the State of Florida	tity submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Elec	etronic Signature of Registered Age	nt	Date	
Election Campaign Fina	ncing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P Name: FLORES,	() Delete ARMANDO R	Title: P (X) Change () Addition MANDO R	

Address: 6509 RUNNINGWOODS DRIVE Address: 31607 SPOONFLOWER CIR City-St-Zip: TAMPA, FL 33634 US City-St-Zip: WESLEY CHAPEL, FL 33544 US Title: VΡ () Delete Title: (X) Change () Addition LEIVA. NEYSA Name: Name: LEIVA, NEYSA Address: 6509 RUNNINGWOODS DRIVE Address: 31607 SPOONFLOWER CIR

6509 RUNNINGWOODS DRIVE Address: 31607 SPOONFLOWER CIR
TAMPA, FL 33634 US City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: VP (X) Delete Title: () Change () Addition Name: FLORES, LIZ L Name:

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARMANDO R FLORES P 02/25/2007