2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148152

City-St-Zip:

Entity Name: EL MANGOOD RESTAURANT CORPORATION

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 448 S ALAFAYA TRAIL 448 S ALAFAYA TRAIL 101 ORLANDO, FL 32828 ORLANDO, FL 32828 **Current Mailing Address: New Mailing Address:** 448 S ALAFAYA TRAIL 448 S ALAFAYA TRAIL ORLANDO, FL 32828 ORLANDO, FL 32828 FEI Number: 20-8058697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RODRIGUEZ, ELFIDO RODRIGUEZ, ELFIDO A P 9896 DOGWÓOD RIDGE RUN 9896 DOGWÓOD RIDGE RUN ORLANDO, FL 32829 ORLANDO, FL 32829 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: ELFIDO A. RODRIGUEZ 04/26/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition RODRIGUEZ, ELFIDO RODRIGUEZ, ELFIDO A P Name: Name: 9896 DOGWOOD RIDGE RUN 9896 DOGWOOD RIDGE RUN Address: Address: City-St-Zip: ORLANDO, FL 32829 US City-St-Zip: ORLANDO, FL 32829 US VΡ Title: VΡ Title: () Delete (X) Change () Addition Name: ADAMES, RAFAEL Name: ADAMES, RAFAEL VP 5573 FLORENCE HARBOR DR 5573 FLORENCE HARBOR DR Address: Address: ORLANDO, FL 33829 US ORLANDO, FL 33829 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition RODRIGUEZ, MARIA L Name: Name: 8900 VICTORIA ISLE PL Address Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32829 Title: () Delete Title: SECR () Change (X) Addition RORIGUEZ, REYNALDO SECR Name: Name: Address: Address: 4178 SOUTH CHICKASAW TRAIL

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.

City-St-Zip:

ORLANDO, FL 32829

SIGNATURE: ELFIDO A. RODRIGUEZ P 04/26/2009