


2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/12/2008-90001-010-\$150.00-\$150.00

DOCUMENT # P07000055627 1. Entity Name EL KORITA RESTAURANT Y MARISCOS INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 08 OCT -3 PM 12: 24																									
Principal Place of Business 3107 HWY 441 ZELLWOOD, FL 32798				Mailing Address P O BOX 91 ZELLWOOD, FL 32798																											
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip				City & State Zip																											
Country				Country																											
4. FEI Number 26-0208848				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 RAPIDO TAX SERVICES INC. 385 E MAIN ST APOPKA, FL 32703				7. Name and Address of New Registered Agent Name JOSE G. Aguirre Street Address (P.O. Box Number is Not Acceptable) 3107 N HWY 441 City ZELLWOOD FL 32798																											
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>JOSE G. Aguirre</u> Jose G. Aguirre, President <u>5/23/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																															
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP P Guadalupe AGUIRRE, J. GUADSLUPE 3107 HWY 441 ZELLWOOD, FL 32798 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>				TITLE NAME STREET ADDRESS CITY - ST - ZIP P Guadalupe AGUIRRE, J. GUADSLUPE 3107 HWY 441 ZELLWOOD, FL 32798	<input type="checkbox"/> Delete											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>				TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition										
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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>JOSE G. Aguirre</u> JOSE G. AGUIRRE <u>5/23/08</u> <u>407/814/9933</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															