

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128873

FILED
Feb 09, 2009
Secretary of State

Entity Name: LOS MANGOS RESTAURANTE Y CAFETERIA, INC.

Current Principal Place of Business:

815 WEST FLAGLER STREET
MIAMI, FL 33130

New Principal Place of Business:

815 WEST FLAGLER STREET
MIAMI, FL 331301221

Current Mailing Address:

815 WEST FLAGLER STREET
MIAMI, FL 33130

New Mailing Address:

815 WEST FLAGLER STREET
MIAMI, FL 331301221

FEI Number: 26-1506597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULTQUIST, DIANE R
815 WEST FLAGLER STREET
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NUNEZ, SILVIO
Address: 815 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

Title: VP () Delete
Name: HULTQUIST, DIANE R
Address: 815 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DIANE R HULTQUIST

VP

02/09/2009

Electronic Signature of Signing Officer or Director

Date