

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martin,  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000040581 (8)**

1. Name of Business

**GORDO'S BURRITOS II, INC.**

**FILED  
DIVISION OF CORPORATIONS  
95 MAY - 1 AM 11:33**

Principal Place of Business <b>4463-C ASHTON ROAD SARASOTA FL 34233</b>	Mailing Address <b>4463-C ASHTON ROAD SARASOTA FL 34233</b>
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>05/27/1994</b>	3a. Date of Last Report <b>Not Applicable</b>
4. FEI Number <b>65-0493711</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required <b>\$8.75</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees <b>\$5.00</b>
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SHEA, JOHN J JR 4720 S. ORANGE AVE. SARASOTA FL 34236</b>	10. Name and Address of New Registered Agent
81 Name <b>John J Shea</b>	81 Name
82 Street Address (P.O. Box Number is Not Acceptable) <b>4720 S. Orange Ave.</b>	82 Street Address (P.O. Box Number is Not Acceptable)
83	83
84 City <b>FL</b>	84 City
	85 Zip Code <b>34236</b>

11. Pursuant to the provisions of sections 607.002 and 607.1605, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.005, Florida Statutes.

**SIGNATURE**

I, the undersigned, do hereby declare that the information contained in this document is true and accurate to the best of my knowledge and belief.

I, the undersigned, do hereby declare that the information contained in this document is true and accurate to the best of my knowledge and belief.

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES IN TITLE OF OFFICERS AND DIRECTORS (If Any)
NAME <b>President David R. Briley</b>	1. TITLE <b>President</b>
ADDRESS <b>5925 Brunwood Ave Vero Beach, FL 34231</b>	1. NAME <b>David R. Briley</b>
ZIP CODE <b>34231</b>	1. STREET ADDRESS <b>5925 Brunwood Ave</b>
CITY <b>Vero Beach</b>	1. CITY ST ZIP <b>FL 34231</b>
NAME <b>SECRETARY</b>	2. TITLE <b>Secretary</b>
ADDRESS <b>5925 Brunwood Ave Vero Beach, FL 34231</b>	2. NAME <b>David R. Briley</b>
ZIP CODE <b>34231</b>	2. STREET ADDRESS <b>5925 Brunwood Ave</b>
CITY <b>Vero Beach</b>	2. CITY ST ZIP <b>FL 34231</b>
NAME <b>TREASURER</b>	3. TITLE <b>Treasurer</b>
ADDRESS <b>5925 Brunwood Ave Vero Beach, FL 34231</b>	3. NAME <b>David R. Briley</b>
ZIP CODE <b>34231</b>	3. STREET ADDRESS <b>5925 Brunwood Ave</b>
CITY <b>Vero Beach</b>	3. CITY ST ZIP <b>FL 34231</b>
NAME <b>VICE PRESIDENT</b>	4. TITLE <b>Vice President</b>
ADDRESS <b>5925 Brunwood Ave Vero Beach, FL 34231</b>	4. NAME <b>David R. Briley</b>
ZIP CODE <b>34231</b>	4. STREET ADDRESS <b>5925 Brunwood Ave</b>
CITY <b>Vero Beach</b>	4. CITY ST ZIP <b>FL 34231</b>
NAME <b>BOARD MEMBER</b>	5. TITLE <b>Board Member</b>
ADDRESS <b>5925 Brunwood Ave Vero Beach, FL 34231</b>	5. NAME <b>David R. Briley</b>
ZIP CODE <b>34231</b>	5. STREET ADDRESS <b>5925 Brunwood Ave</b>
CITY <b>Vero Beach</b>	5. CITY ST ZIP <b>FL 34231</b>
NAME <b>ATTORNEY</b>	6. TITLE <b>Attorney</b>
ADDRESS <b>5925 Brunwood Ave Vero Beach, FL 34231</b>	6. NAME <b>David R. Briley</b>
ZIP CODE <b>34231</b>	6. STREET ADDRESS <b>5925 Brunwood Ave</b>
CITY <b>Vero Beach</b>	6. CITY ST ZIP <b>FL 34231</b>

**REMITTED BY MAY 1**

14. I declare, under penalty of perjury, that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110(7)(B), Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and validity as if it were affixed in person to the corporate seal or to the name of the officer or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that no name appears at Block 1 or Block 3 of this report other than my own name and address.

**SIGNATURE:**

SIGNATURE AND TYPE OR PRINTED NAME OF CORPORATION DIRECTOR

*David R. Briley*

**813-346-9439**