

**2005 FOR PROFIT CORPORATION.  
ANNUAL REPORT**

4/

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90001 042 \*\*\*150.00

**DOCUMENT # P94000063747**  
1. Entity Name  
**LA ESQUINITA HABANERA RESTAURANT INC.**



Principal Place of Business      Mailing Address  
**200 SW 107 AVE**      **200 SW 107 AVE**  
**MIAMI, FL 33174**      **MIAMI, FL 33174**

**66013613**



03122005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0521821**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**NUBIA B. DIAZ**  
**200 SW 107 AVE**  
**MIAMI, FL 33174**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIAZ, NUBIA B
STREET ADDRESS	200 SW 107 AVE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	TD
NAME	DIAZ, NUBIA B
STREET ADDRESS	200 SW 107 AVE
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	SD
NAME	DIAZ, NUBIA B
STREET ADDRESS	200 SW 107 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Nubia B. Diaz*      **NUBIA B. DIAZ**      **4-27-05**      **305-5596117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #