

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P94000081892

1. Entity Name

SABOR LATINO RESTAURANT CORP.



**FILED  
Mar 22, 2006 8:00 am  
Secretary of State**

03-22-2006 90010 024 \*\*\*150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business		Mailing Address	
1199 NW 42 AVENUE MIAMI FL 33126		704 SW 17TH AVE SUITE 3 MIAMI FL 33135	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUIZ, NICOLAS H 704 SW 17TH AVE SUITE 3 MIAMI FL 33135		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 2740 SW 99 AVENUE City MIAMI FL Zip Code 33165	
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUIZ, NICOLAS H 225 MADEIRA AVE #3 CORAL GABLES FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2740 SW 99 AVENUE MIAMI FL 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RUIZ, FACTO 2240 SW 9TH ST #4 MIAMI FL 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14281 SW 8 TERRACE MIAMI FL 33184	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARAZZI, NORMA E 3181 SW 16 TERRACE MIAMI FL 33145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Yolanda A. Ruiz* **3/8/06 (305) 443-4088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date Daytime Phone #