

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90149 047 ***158.75

DOCUMENT # P95000011123(3)

1. Corporation Name

Baja Kitchen, Inc.

Principal Place of Business

931 S.R. 434 North
Suite 1145
Altamonte Springs FL
32714

Mailing Address

931 S.R. 434 North
Suite 1145
Altamonte Springs FL
32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1995

4. FEI Number

59-3302905

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

Chenail, Gregory
931 S.R. 434 North
Suite 1145
Altamonte Springs FL 32714

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

TITLE PSD
NAME Chenail, Gregory
STREET ADDRESS 931 S.R. 434 North, Ste. 1145
CITY-ST-ZIP Altamonte Springs FL 32714

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P/D
929 Oasis Ct.
Apopka, FL 32714

TITLE D
NAME Hasapes, Joanne
STREET ADDRESS 931 S.R. 434 North, Ste. 1145
CITY-ST-ZIP Altamonte Springs, FL 32714

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

S/D
210 North Castleford Ct.
Longwood, FL 32774

TITLE D
NAME Chenail, Greg
STREET ADDRESS 931 S.R. 434 North, Ste. 1145
CITY-ST-ZIP Altamonte Springs FL 32714

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

V/D
210 North Castleford Ct.
Longwood, FL 32774

TITLE VD
NAME Hasapes, George
STREET ADDRESS 931 S.R. 434 North, Ste. 1145
CITY-ST-ZIP Altamonte Springs, FL 32714

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

V/D
210 North Castleford Ct.
Longwood, FL 32774

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 (407) 786-8862

Date

Daytime Phone #

CR2E034 (11/98)