

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000083360

1. Entity Name  
BURRITO JIM'S SAN FRANCISCO BURRITO CO.



Principal Place of Business  
5187 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

Mailing Address  
5187 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

FILED

05 JUL 29 AM 10:02

SECRET  
TALLAHASSEE, FL



07282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0627087

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDEN, JAMES J  
5187 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

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

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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GUARDARRAMA, J  
5187 S UNIVERSITY DR  
DAVIE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
GOLDEN, JAMES J  
5187 S. UNIVERSITY DRIVE  
DAVIE, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

500058355535  
08/09/05--01002--020 \*\*150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/05