


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000052579

1. Entity Name
EL BOHIO RESTAURANT, INC.



Principal Place of Business Mailing Address

4651 BABCOCK STREET UNIT #14 **4651 BABCOCK STREET UNIT #14**
PALM BAY, FL 32905 **PALM BAY, FL 32905**

DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3387438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALDRON, TOM D ESQ
121 EAST HIBISCUS BOULEVARD
MELBOURNE, FL 32901

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

U00000281513
 03/31/05-80004-015-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GABRIEL, AGUILAR 2559 FULTON CT MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAMARIS, AGUILAR 2559 FULTON CT MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUILAR, GABRIEL 2559 FULTON COURT MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AGUILAR, DAMARIS 2559 FULTON COURT MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Damaris Aguilar* 3/28/05 321 6766500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Damaris Aguilar