


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90008 015 \*\*\*150.00

<b>DOCUMENT # P96000091581</b>					
<b>1. Entity Name</b> EL TABLAZO RESTAURANT INC.					
<b>Principal Place of Business</b> 20835 SW 122 PLACE MIAMI, FL 33177			<b>Mailing Address</b> 20835 SW 122 PLACE MIAMI, FL 33177		
<b>2. Principal Place of Business</b> 6780 COLLINS AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 736 83rd Street Suite, Apt. #, etc. #3			
<b>City &amp; State</b> MIAMI BEACH, FL Zip 33141		<b>City &amp; State</b> MIAMI BEACH, FL Zip 33141		<b>4. FEI Number</b> 65-0713230	
<b>Country</b> MIAMI DADE		<b>Country</b> MIAMI DADE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CANO, LUZ E 20835 SW 122 PLACE MIAMI, FL 33177			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 736 83rd street, No.3 City MIAMI FL Zip Code 33141		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANO, LUZ E 20835 SW 122 PLACE MIAMI, FL 33177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SANCHEZ, OMAR 208-35 SW 122 PLACE MIAMI, FL 33177	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01/08/2004 Date Daytime Phone #		