

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000049613

1. Entity Name  
EL NICA MEX RESTAURANT CORPORATION



Principal Place of Business

72 NW 1ST STREET  
HOMESTEAD, FL 33030

Mailing Address

32 NW 1ST STREET  
HOMESTEAD, FL 33030



03242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0759879

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PASTRAN, RAUL CPA  
333 NE 8 STREET  
HOMESTEAD, FL 33030

**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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST ZIP  
D  
ARAGON, TEODORO  
32 NW 1ST STREET  
HOMESTEAD, FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY-ST ZIP  
D  
ARAGON, ARNULFO  
32 NW 1ST STREET  
HOMESTEAD, FL 33030

TITLE  
NAME  
STREET ADDRESS  
CITY-ST ZIP

TITLE  
NAME  
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CITY-ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST ZIP

1000000278804  
03/28/05-80041-020 150.00

**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 #