## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

FILED Feb 15, 2007 8:00 am Secretary of State

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DOCUMENT # P97000049613  1. Entity Name			01-18-2007 90100 026 ***150.00			
EL NÍCA	MEX RESTAURANT CORPO	RATION		<i>y</i>		
Principal Plac	e of Business	Mailing Address	<u> </u>		00.	, <del>-</del> -
32 NW 1ST S		32 NW 1ST STREET		1		
HOMESTEAD		HOMESTEAD, FL 33030			••	
				l consumo d	<b>*</b> 1 <b>1</b> 191 1 <b>93</b> 11 <b>Ca</b> (ik <b>83</b> 111 <b>83</b> 1	HI ARIM ATTIR INGO BIIDI GURDO GURDOL IL GRAL
الرواد المحافظ				01082007	No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE				4. FEI Numb		Applied For
				65-075		Not Applicat
	*			5. Certificate	of Status Desired	\$8.75 Additional
	A Name and Address of Compat Re-	Internal Access				Fee Required
	6. Name and Address of Current Reg	Istered Agent	-			,
PASTRAN, RAUL CPA				DO	<b>NOT W</b>	RITE
333 NE 8 STREET HOMESTEAD, FL 3303						
HOMESTEAD, PL 3303			ļ	IN <sup>-</sup>	THIS SF	PACE
8. The above	named entity submits this statement for th	e ourgosa of changing its register	ed office or rec	istered agent, or bo	th. in the State of Flo	orida. Lam familiar with and acce
	ions of registered agent.					orde, Form primps Hill, grid acco
SIGNATURE.						
SIGNATURE.	Signsture, typed or printed name of registered egent and I	ide if applicable. (NOTE: Registere	id Agent algnetura rei	quired when rematating)		DATE
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees		
-10 <del></del>	OFFICERS AND DIF	IFCTORS I	<del> -</del> :			
TITLE	D		1			
NAME: .	ARAGON, TEODORO					•
STREET ADDRESS CITY+ST+ZIP	32 NW 1ST STREET		<u></u>			
TITLE	HOMESTEAD, FL 33030		{	<del></del> ,	<del></del>	
NAME	ARAGON, ARNULFO					
STREET ADDRESS	32 NW 1ST STREET					
CITY-ST-ZIP	HOMESTEAD, FL 33030					
TITLE						
KAME STREET ADDRESS			]			
CITY-ST-ZIP				DO	NOT W	RITE
TITLE			1	IAI '	THIS SF	DACE .
HAME				114	1 1113 St	ACE
STREET ADDRESS			1			
CITY-ST-ZIP			4			
TETLE	I					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 direction 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 changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP