


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90448 045 ***150.00

DOCUMENT # P97000073556 1. Entity Name MARGARITA'S GRILL, INC.																													
Principal Place of Business 583 S. CHICKASAW TRAIL ORLANDO, FL 32825 <i>3891 AVALON PARK ORLANDO FLA 32824</i>			Mailing Address 583 S. CHICKASAW TRAIL ORLANDO, FL 32825																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number 59-3466006			Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																										
6. Name and Address of Current Registered Agent HINOJOSA, EDUARDO 583 S. CHICKASAW TRAIL ORLANDO, FL 32825 <i>3891 AVALON PARK ORLANDO FLA 32824</i>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
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: <u><i>EDUARDO HINOJOSA</i></u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HINOJOSA, EDUARDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>583 S. CHICKASAW TRAIL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32825</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	HINOJOSA, EDUARDO		STREET ADDRESS	583 S. CHICKASAW TRAIL		CITY-ST-ZIP	ORLANDO, FL 32825		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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 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: <u><i>EDUARDO HINOJOSA</i></u> 4-29-07 907 380 1452 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													