2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 14, 2007 08:00 Al Secretary of State

DOCUMENT # P97000107129 1. Entity Name CANCUN'S MEXICAN GRILL, INC.				Secretary of Sta			
Principal Place 1385 SHORE GULF BREEZ	ELINE DR	Mailing Address 1385 SHORELINE DR GULF BREEZE, FL 32561			18 18 18 18 18 18 18 18 18 18 18 18 18 18 18	11 1991 40 11 14 10 11 11 11 11 11 11 11 11 11 11 11 11	
DO NOT WRITE IN THIS SPA			CE	08092007 4. FEI Numb 59-348	4. FEI Number Applied For 59-3481037 Not Applicable \$8.75 Additional		
	6. Name and Address of Current Re	colstared Agent	1	J. Certificate	7 01 01d1d3 D03#00	Fee Required	
GALVAN, ROGELIO 1024 GREAT OAK DR. GULF BREEZE, FL 32561			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 agnature required when reinstating) DATE							
FILE NOWIII FEE IS \$550.00 Due by September 14, 2007 9. Election Campaign Final Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI VP GALVAN, ROGELIO 1024 GREAT OAK DR. GULF BREEZE, FL 32561	RECTORS			000000 08/14/07	0772015 -80001-005 550.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					٠.,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					NOT W THIS SF		

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: William Goly Chius Rogelio Golyan Chay 78/11/07 8

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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