

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014210

FILED
Apr 29, 2005
Secretary of State

Entity Name: ENRIQOS MEXICAN KITCHEN OF THE TREASURE COAST, INC.

Current Principal Place of Business:

8126 SARATOGA WAY
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

8126 SARATOGA WAY
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-0819857

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMBARDELLA, ANTHONY
8126 SARATOGA WAY
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAMBARDELLA, ANTHONY
Address: 8126 SARATOGA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Delete
Name: GAMBARDELLA, ANNE
Address: 8126 SARATOGA WAY
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY GAMBARDELLA

PRES

04/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date