2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000098611

LOS AZTECAS RESTAURANT OF TAMPA, INC.



FILED Jul 12, 2004 8:00 am Secretary of State 07-12-2004 90017 039 ***550.00

		<u> </u>	74. <u> </u>	<u> </u>		- CO WI		e.					
Principal Place of Business : 4502 W HILLSBOROUGH AVE			Mailing Address 4502 W HILLSBOROUGH AVE TAMPA, FL. 33614					4		- -			
TAMPA, FL 33614			Thurst I brown the second second						I Birkirîn delihêr birkê bakir es				
2. Principal Place of Business			3. Mailing Address,										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					07092004	Chg-P CR2E034 (10/03)				
City & State			City & State				4. FEI Numb	ber Applied For 107973 Not Applicable					
Zip Country			Zip Country			,		5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	C Namin and	Registered Agent				- 7. Name and Address of New Registered Agent							
	- 101181110 4110	ACCIONS OF CHIRDIN	Tiogration ou			Name		77 102010 011			<u> </u>	·····	
			Name				-		,				
GUTIERREZ, SALVADOR 4502 W HILLSBOROUGH AVE TAMPA, FL 33614			Street Address			dress (ss (P.O. Box Number is Not Acceptable)						
TOWN A, L	. 33014			e Santia e	,., l			<u> </u>					
	;					City		•••		F	Zip Code		
8. The above	named entity sub	mits this statement fo	r the purpo	se of changing its	repistered	office or r	register	ed agent, or b	oth, in the State of F	iorida. I an	n familiar with, a	and accept	
the obligat	ions of registered	agent.				·	•		•				
			*					:			•		
SIGNATURE.	Signature, typed or prin	ted name of registered agent	and tide If apple	cable, (NO)	E: Registered A	oent signatur	e required	when reinstating)		DATE			
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FIL	LE NOWIII F	EE IS \$550.00	9	. Election Campa			\$5.	.00 May Be	.1				
Di	ue by Septen	nber 8, 2004		Trust Fund Con	tribution.		Add	led to Fees					
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10.	700	OFFICERS AND	DIRECTOR			·		ADDITION	OF ANGES TO OF	FICENS A			
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NAME	GARCIA, ANT	ONIO			NAME	}							
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NAME STREET ADDRESS				• • • •		T ADDRESS							
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 cath; 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.

07/09/04

(813)879 - 4096