


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000065030 1. Entity Name ATLACATL RESTAURANT SALVADORENO, INC.	
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Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145	Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE

FILED
06 MAR 28 PM 1:22
FLORIDA STATE
TALLAHASSEE, FLORIDA



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0990595	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY STE 200
MIAMI, FL 33145

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, DIMAS N 2303 NW 3RD STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIVAS, JAIME A 9741 SW 3 STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVAS, ELSY 9741 SW 3RD STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, ROSA M 2303 NW 3RD STREET MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/06--01032--006 **158.75

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: *[Signature]* 2/13/06 305-856-0056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROSA MARGARITA MORENO

Date Daytime Phone #