

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000068343

1. Entity Name

KRYSTAL RESTAURANT-CAFE, CORP.

**FILED
May 06, 2004 8:00 am
Secretary of State**

05-06-2004 90188 014 ***150.00

44044937

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3804 West 12 Avenue		3. Mailing Address 1975 NE 135 Street Suite, Apt. #, etc. Suite 2-E	
City & State Quake Hialeah Florida		City & State Miami Florida	
Zip 33012	Country USA	Zip 33181	Country USA
		4. FEI Number 65-0945966 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent Name TORRES, NOEL Street Address (P.O. Box Number is Not Acceptable) 1975 NE 135 Street Ste 2-E City Miami FL Zip Code 33181	

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1st May 1st Fee is \$150.00 After May 1st Fee is \$550.00 Amended UBR is \$6125 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TORRES, NOEL 1975. NE 135 St Apt 29E Miami Fl 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Noel Torres

4/20/2004 (301) 362 9159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #