

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000068514

1. Entity Name

ROLANDO CUBAN RESTAURANT, INC.



**FILED
Mar 22, 2004 8:00 am
Secretary of State**

03-22-2004 90045 004 ***150.00

34033247

Principal Place of Business
870 SEMORAN BLVD.
CASSELBERRY, FL 32707

Mailing Address
870 SEMORAN BLVD.
CASSELBERRY, FL 32707



02232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3593094

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISIDRO, PAULINO
870 SEMORAN BLVD.
CASSELBERRY, FL 32707

FAUSTO RODRIGUEZ
870 N. STATE RD 436
CASSELBERRY, FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME ISIDRO, PAULINO
STREET ADDRESS 17618 SEIDNER RD.
CITY-ST-ZIP WINTER GARDEN, FL 34787

Delete

TITLE DP
NAME FAUSTO RODRIGUEZ
STREET ADDRESS 1794 LAUREL Brook LOOP
CITY-ST-ZIP CASSELBERRY, FL 32707

Change Addition

TITLE DV
NAME RODRIGUEZ, FAUSTO
STREET ADDRESS 126 E LAURENT CT.
CITY-ST-ZIP CASSELBERRY, FL 32730

Delete

TITLE DV
NAME MARIA RODRIGUEZ
STREET ADDRESS 1794 LAUREL Brook Loop
CITY-ST-ZIP CASSELBERRY, FL, 32707

Change Addition

TITLE DS
NAME RODRIGUEZ, MARIA N
STREET ADDRESS 126 E LAURENT CT.
CITY-ST-ZIP CASSELBERRY, FL 32730

Delete

TITLE DS
NAME RODRIGUEZ, MARIA N
STREET ADDRESS 126 E LAURENT CT.
CITY-ST-ZIP CASSELBERRY, FL 32730

Change Addition

TITLE DT
NAME PAULINO, CARMEN
STREET ADDRESS 17618 SEIDNER RD
CITY-ST-ZIP WINTER GARDEN, FL 34787

Delete

TITLE DT
NAME PAULINO, CARMEN
STREET ADDRESS 17618 SEIDNER RD
CITY-ST-ZIP WINTER GARDEN, FL 34787

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Rodriguez* MARIA RODRIGUEZ 3-19-04 (407)767-9657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #