FORIOR DOPONTION

ANNUAL REPORT

DOCUMENT # P99000080934

1. Entity Name

THE BIG APPLE RESTAURANT, CORP.



FILED May 02, 2007 8:00 am Secretary of State

05-02-2007 90097 005 ***150.00

			1,000						
,	e of Business	Mailing Address	•		<u>-</u> `				
7925 W 2 CT. Hialeah, Fl. 33014		7925 W 2 CT. Hialeah, Fl 33014							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03232007	Chg-P	CR2E() 034 (12/06)	!
City & State		City & State			4. FEI Numb			<u> </u>	oplied For
Zip	Country Zip		Country	Country		of Status Desired		\$8.75 Add	
	6. Name and Address of Curren	TRegistered Agent	<u> </u>		7. Name and	Address of New F	Registered	<u> </u>	
			Name						
DE LOS A 7925 W 2 HIALEAH,			Street Address		(P.O. Box Numb	er is Not Acceptabl	le)		
1111/22/01,	12 00014								
			City				FL	Zip Code	e
	named entity submits this statement fions of registered agent.	or the purpose of changing it	s registered office	or registe	red agent, or bo	oth, in the State of FI	lorida. I am	familiar with,	and accept
	-								
SIGNATURE.	Signature, typed or printed name of registered agen	it and title if applicable. (NO	TE: Registered Agent sign	sture require	d when reinstating)		DATE	-	
	E NOW!!! FEE IS \$150.00 ^V ay 1, 2007 Fee will be \$550	9. Election Camp. Trust Fund Cor			.00 May Be ded to Fees				
10.	OFFICERS AND DIRECTORS		11		ADDITIONS	L /CHANGES TO OFF	FICERS AND	DIRECTOR	S IN 11
TITLE	Р	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	DE LOS ANGELES, NARCISO I 6443 W.25TH AVE	R	NAME STREET ADDRESS						
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change ,	. Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP						
TITLE		☐ Delete	TITLE				•	☐ Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY+ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>	·····				
TITLE		☐ Delete	TITLE					☐ Change	Addition Addition
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY+ST-ZIP			CITY-ST-ZIP						
	I			_1					

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 attachined with an address, with a other like empowered.

MUSO R. DE GOS ADADAS PRESIDEN