2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V58183

1. Entity Name
FRANCO RESTAURANT CORP.

Principal Place of Business	Mailing Address
2115 W. FLAGLER STREET	2115 W. FLAGLER STREET
MIAMI, FL 33125	MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE

04182004　　No Chg-P　　CR2E034 (10/03)

4. FEI Number	Applied For
65-0351732	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~BERRIOS, CONSUELO C~~ Jose F. MAYORGA
1931 N.W. 36TH AVENUE
MIAMI, FL 33125

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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 _____
Signature, typed or printed name of registered agent and title if applicable.　　(NOTE: Registered Agent signature required when reinstating)　　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

TITLE	~~P~~	Delete
NAME	~~BERRIOS, CONSUELO C~~	
STREET ADDRESS	~~1931 N.W. 36TH AVENUE~~	
CITY-ST-ZIP	~~MIAMI, FL 33125~~	
TITLE	SD P	
NAME	MAYORGA, JOSE F JR.	
STREET ADDRESS	1931 N.W. 36TH AVENUE	
CITY-ST-ZIP	MIAMI, FL 33125	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR　　Date　　Daytime Phone #