


**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90048 026 \*\*\*150.00

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P06000113232			
1. Entity Name CMP RESTAURANTS, INC.			
Principal Place of Business 4551 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146		Mailing Address 4551 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Subd., Apt., R., etc.		Suite, Apt., R., etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5169980		Added For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A&A REGISTERED AGENT, INC. 4551 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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: _____ DATE: _____ <small>(Signature, Name or printed name of registered agent and fee payor only) (NONE-Registered Agent signature required when re-issuing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE	P. S. <input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, LEOPOLDO E	NAME	
STREET ADDRESS	4551 PONCE DE LEON BOULEVARD	STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES, FL 33146	CITY- ST- ZIP	
TITLE	VP T <input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINO, MICHAEL A	NAME	
STREET ADDRESS	4551 PONCE DE LEON BOULEVARD	STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES, FL 33146	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Debit	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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 provided 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 the empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 4-12-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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04022007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5169980

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$850.00

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 P. S.  Debit  
 NAME PINO, LEOPOLDO E  
 STREET ADDRESS 4551 PONCE DE LEON BOULEVARD  
 CITY- ST- ZIP CORAL GABLES, FL 33146

TITLE VP T  Debit  
 NAME PINO, MICHAEL A  
 STREET ADDRESS 4551 PONCE DE LEON BOULEVARD  
 CITY- ST- ZIP CORAL GABLES, FL 33146

TITLE  Debit  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Debit  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Debit  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

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SIGNATURE: *[Signature]* Date: 4-12-07 678-290-6824