


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 266918	
1. Entity Name PUERTO SAGUA RESTAURANT CORP	

Principal Place of Business 700 COLLINS AVENUE MIAMI, FL 33139-6216	Mailing Address 700 COLLINS AVENUE MIAMI, FL 33139-6216
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DO NOT WRITE IN THIS SPACE

02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0994763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HORACIO, RIVERO
 500 89TH STREET
 MIAMI, FL
 SURFSIDE, FL 33154

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIVERO, JAVIER 7520 COQUINA DR MIAMI BCH, FL 00000, 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERO, EVARISTO 7520 COQUINA DR MIAMI BCH, FL 00000, 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORACIO, RIVERO 500 89 TH STREET SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/23/07-80015-018 150.00

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 attachment with an address, with all other like empowered.

SIGNATURE: *Evaristo Rivero* **EVARISTO RIVERO** *2/14/07* **2/14/07** *(305) 673-1115* **(305) 673-1115**

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