

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001828

FILED
Apr 19, 2004
Secretary of State

Entity Name: LOS POTILLOS CORP.

Current Principal Place of Business:

3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD, FL 33021

New Principal Place of Business:

1150 KANE CONCOURSE
SUITE 2-W
BAY HARBOR ISLANDS, FL 33154

Current Mailing Address:

3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD, FL 33021

New Mailing Address:

1150 KANE CONCOURSE
SUITE 2-W
BAY HARBOR ISLANDS, FL 33154

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUSSO, MARK E ESQ
ROTH, ROUSSO & DARRACH, P.A.
3440 HOLLYWOOD BLVD., STE. 360
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

GOLDFARB, IGHAL
1150 KANE CONCOURSE
SUITE 2-W
BAY HARBOR ISLANDS, FL 33154 US

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.

SIGNATURE: IGHAL GOLDFARB

04/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: GOLDFARB, ROBERTO
Address: P.O. BOX 146, ROAD TOWN, TORTOLA
City-St-Zip: BRITISH VIRGIN ISLANDS,

Title: VCV () Delete
Name: GOLDFARB, DIEGO ELIEL
Address: P.O. BOX 146, ROAD TOWN, TORTOLA
City-St-Zip: BRITISH VIRGIN ISLANDS,

Title: DS (X) Delete
Name: ROTMAN DE GOLDFARB, ZULEMA
Address: P.O. BOX 146, ROAD TOWN, TORTOLA
City-St-Zip: BRITISH VIRGIN ISLANDS,

Title: VP (X) Delete
Name: GOLDFARB, IGHALA
Address: P.O. BOX 146, ROAD TOWN, TORTOLA
City-St-Zip: BRITISH VIRGIN ISLANDS,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GOLDFARB, IGHAL
Address: 1150 KANE CONCOURSE, SUITE 2-W
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: VCV (X) Change () Addition
Name: GOLDFARB, DIEGO ELIEL
Address: 1150 KANE CONCOURSE, SUITE 2-W
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IGHAL GOLDFARB

DPT

04/19/2004

Electronic Signature of Signing Officer or Director

Date