

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000158538

**FILED**  
**Jul 30, 2007**  
**Secretary of State****Entity Name:** LA COSTENITA RESTAURANT, INC.**Current Principal Place of Business:**658 WEST HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009**New Principal Place of Business:****Current Mailing Address:**658 WEST HALLANDALE BEACH BLVD.  
HALLANDALE, FL 33009**New Mailing Address:**720 SW 6 AVE  
HALLANDALE, FL 33009**FEI Number:** 20-3889998**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**FUENTES, ANGEL  
720 SW 6 AVE  
HALLANDALE, FL 33009 US**Name and Address of New Registered Agent:**MARUCCI, PATRICIA  
720 SW 6 AVE  
HALLANDALE, FL 33009 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: MARUCCI, PATRICIA

07/30/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FUENTES, ANGEL  
Address: 720 SW 6 AVE  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MARUCCI, PATRICIA  
Address: 720 SW 6 AVE  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARUCCI, PATRICIA

PD

07/30/2007

Electronic Signature of Signing Officer or Director

Date