2005 FOR PROFIT ORPORATION ANNUAL KEPORT

May 02, 2005 8:00 am Secretary of State DOCUMENT # P98000070403 05-02-2005 90472 010 ***150.00 LOS BOHIOS TABERNA SPORT RESTAURANT, INC. Principal Place of Business Mailing Address 6850-54 N.W. 169TH STREET 6850 N.W. 169TH STREET MIAMI LAKES, FL 33015 MIAMI LAKES, FL 33015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0867740 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, OLGA L Street Address (P.O. Box Number is Not Acceptable) 6850-54 N.W. 169TH STREET MIAMI LAKES, FL 33015 Zip Code FI 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. (HOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 **\$5.00** May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTS TITLE ☐ Delete TITLE ☐ Change ☐ Addition GONZALEZ, OLGA L NAME NAME STREET ADDRESS 6854 N.W. 169TH STREET STREET ADDRESS CITY-ST-7IP MIAMI LAKES, FL 33015 CITY-ST-ZIP TITLE Delete TITLE □ Change ☐ Addition NAME GONZALEZ, OLGA L HANKE STREET ADDRESS 6854 N.W. 169TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33015 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ 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 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 fike empowered.

SIGNATURE:

THE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

04/27/2005 (305) 362 - 0

FILED