2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # H94144 THE RESTAURANT LA SIRENA, INC. OL JAN -9 PH 1:00 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE FLORIDA 6316 S. DIXIE HIGHWAY 6316 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 No Chq-P CR2E034 (10/03) 01062004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2627157 Not Apolicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURPHY, EUGENE W., JR. DO NOT WRITE 340 ROYAL PALM WAY STE. 100 IN THIS SPACE PALM BCH., FL 33480 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, typod or printed name of registered agent and title if applicable (GOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FIORENTINO, MARCELLO NAME 200026587042 01/09/04--01022--008 **150,00 STREET ADDRESS 6316 S. DIXIE HIGHWAY CITY-ST-ZIP WEST PALM BEACH, FL 33405 TITLE NAME FIORENTINO, ANN STREET ADDRESS 6316 S. DIXIE HIGHWAY CITY-ST-ZIP WEST PALM BEACH, FL 33405 TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE KAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 suppliemental report is true and accordate 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 of 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 of the corporation or the receiver of trustee empowered to echanged, or on an attachment with an address, with all other

MARCELLO FIOLENTINO

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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