

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

17. **FILED**
Feb 29, 2008 8:00 am
Secretary of State

01-25-2008 90067 015 ***138.75

DOCUMENT # L07000048278 1. Entity Name EL PUEBLITO PAISA, LLC					
Principal Place of Business 630 SOUTH ORTIZ AVE FORT MYERS, FL 33905			Mailing Address 200 SOUTH MAIN STREET BELLE GLADE, FL 33430 <i>Abdul Shafara</i>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <i>200 S. main street</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc. <i>Belle Glade FL-</i>		
City & State			City & State <i>Belleglade FL-</i>		
Zip		Country		Zip <i>33430</i> Country <i>Palmbeach</i>	
6. Name and Address of Current Registered Agent MILLER, COREY P 2911 E. MAIN STREET PAHOKEE, FL 33476				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SHATARA, ABDEL K 1073 SE 3 STREET BELLE GLADE, FL 33430	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BARHOUSH, SAMAR 1701 NW AVENUE B BELLE GLADE, FL 33430	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SALEH, ALI J 13780 WILLOW BRIDGE DRIVE NORTH FORT MEYERS, FL 33903	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i>				Date <i>1-27-08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					