

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048278

Entity Name: EL PUEBLITO PAISA, LLC

FILED  
Jan 05, 2009  
Secretary of State

**Current Principal Place of Business:**

630 SOUTH ORTIZ AVE  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

200 SOUTH MAIN STREET  
BELLE GLADE, FL 33430

**New Mailing Address:**

FEI Number: 20-8999067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, COREY P  
2911 E. MAIN STREET  
PAHOKEE, FL 33476 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHATARA, ABDEL K  
Address: 1073 SE 3 STREET  
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR ( ) Delete  
Name: BARHOUSH, SAMAR  
Address: 1701 NW AVENUE B  
City-St-Zip: BELLE GLADE, FL 33430

Title: MGR ( ) Delete  
Name: SALEH, ALI J  
Address: 13780 WILLOW BRIDGE DRIVE  
City-St-Zip: NORTH FORT MEYERS, FL 33903

**ADDITIONS/CHANGES:**

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

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ABDUL SHATARA

MR

01/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date