2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2004 08:00 AM Secretary of State

ANNOAL REPORT			TCD 20, 2004 00.00 A
DOCUMENT # L56137 1. Entity Name CARNE ASADA GRAN HOTEL, INC.			Secretary of State
Principal Place of Business ONE S.W. 12TH AVENUE MIAMI, FL 33130	Mailing Address 1212 SW 2 STREET MIAMI, FL 33135		T
DO NOT WRITE 6. Name and Address of Current R		CE	02192004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applied For Not Applied For Not Applied For Required 5. Certificate of Status Desired S8.75 Additional Fee Required
HERNANDEZ, CONCEPCION 3411 SW 16 TERR MIAMI, FL 33145			DO NOT WRITE IN THIS SPACE
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 frame of registered agent and the if a guide, (NOTE. Registered Agent signature required when reinstating) PLE NOWIII FEE IS \$150,00 9. Election Campalgn Financing \$5.00 May Be			
After May 1, 2004 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees
TITLE P NAME HERNANDEZ, CONCEPTION STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/27/04-80019-003 150.00
title Name Street address City-St-Zip			DO NOT WRITE
TITLE NAME STREET ADDRESS : CITY-ST-ZIP			IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

12. I hereby certify that the information supplied with this filling 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 tiffs report as required by Chapter 607, Florida Statutes; and that my hame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayling Phone #