

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 56589
 1. Entity Name
AMMIE'S SEAFOOD BARG
GRILL INC.



FILED
 04 APR -2 AM 10: 07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>148 NW 167 St.</u>		3. Mailing Address <u>910 DUNAD</u>	
Suite, Apt. #, etc. <u>MOONDAY INN HOTEL</u>		Suite, Apt. #, etc. <u>AVE.</u>	
City & State <u>N. MIAMI FL.</u>		City & State <u>OPA LOCKA FL.</u>	
Zip <u>33169</u>	Country <u>DADE</u>	Zip <u>33054</u>	Country <u>DADE</u>

800031741688
 04/02/04--01018--022 **150.00
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>AMALIA N. ROJAS</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>910 DUNAD AVE.</u>	
City <u>OPA LOCKA</u>	FL Zip Code <u>33054</u>

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] (Owner) (Not Sure FF 8 Above Signatures) MARCH 24, 2004
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE <u>D</u>	NAME <u>ANGEL WILLY MACNAGA</u>	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
	<u>910 DUNAD AVE. OPA LOCKA FL. 33054</u>		
TITLE <u>D</u>	NAME <u>AMALIA N. ROJAS</u>	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
	<u>910 DUNAD AVE OPA LOCKA FL. 33054</u>		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] (AMALIA N. ROJAS) 02/30/04 - 305-685-6470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)