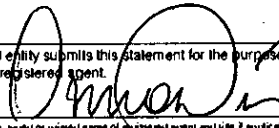
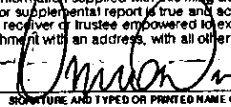


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91517 024 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000063798			
1. Entity Name EL ENTRERIANO INC.			
Principal Place of Business 782 NW LE JEUNE RD SUITE 439 MIAMI, FL 33126		Mailing Address 782 NW LE JEUNE RD SUITE 439 MIAMI, FL 33126	
2. Principal Place of Business 2976 SW 8 St #1 Suite, Apt. #, etc.		3. Mailing Address 2976 SW 8 St. Suite, Apt. #, etc.	
City & State Miami - FL		City & State Miami - FL	
Zip 33135	Country U.S.A.	Zip 33135	Country U.S.A.
4. FEI Number 65-1122400		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CRUZ, ALEJANDRINA G 782 NW LE JEUNE RD SUITE 439 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name OMAR DIAZ Street Address (P.O. Box Number is Not Acceptable) 2976 SW 8 St #1 City Miami FL Zip Code 33135	
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:  DATE: 04-14-03 (NOTE: Registered Agent's signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$560.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DIAZ, OMAR 782 NW LE JEUNE RD SUITE 439 MIAMI, FL 33126	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D DIAZ OMAR 2976 SW 8 St #1 Miami-FL- 33135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 04-14-03 DAYTIME PHONE: 305-6426180	

10090026



☒ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)