2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10090026

DOCUMENT # P01000063798

1. Entity Name
EL ENTRERIANO INC.

Principal Place of Business	Mailing Address
782 NW LE JEUNE RD SUITE 439 MIAMI, FL 33126	782 NW LE JEUNE RD SUITE 439 MIAMI, FL 33126

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2976 Sw 8 St #1	2976 SW 8 St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1
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: [signature] 04-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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

TITLE	D	☑ Delete
NAME	DIAZ, OMAR	
STREET ADDRESS	782 NW LE JEUNE RD SUITE 439	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☑ Change ☐ Addition
NAME	Diaz Omar	
STREET ADDRESS	2976 Sw 8 St #1	
CITY-ST-ZIP	Miami - FL - 33135	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04-14-03 305-6426180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #