

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003006

FILED
Apr 29, 2009
Secretary of State

Entity Name: LAS BRASAS CORPORATION

Current Principal Place of Business:

901 PONCE DE LEON BLVD STE 606
CORAL GABLES, FL 33134

New Principal Place of Business:

6542 W ATLANTIC BLVD
MARGATE, FL 33063

Current Mailing Address:

901 PONCE DE LEON BLVD STE 606
CORAL GABLES, FL 33134

New Mailing Address:

6542 W ATLANTIC BLVD
MARGATE, FL 33063

FEI Number: 01-0579540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, CLAUDIA
6540 W ATLANTIC BLVD
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

SANDERS, CLAUDIA
6542 W ATLANTIC BLVD
MARGATE, FL 33063 US

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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BARTRA, GUSTAVO
Address: 6540 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

Title: DS () Delete
Name: BARTRA, RACSO
Address: 6540 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BARTRA, GUSTAVO
Address: 6542 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

Title: DS (X) Change () Addition
Name: BARTRA, RACSO
Address: 6542 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO BARTRA

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date