
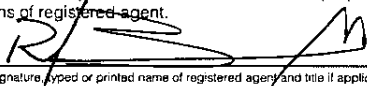



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90057 014 \*\*\*150.00

<b>DOCUMENT # P02000017584</b> 1. Entity Name <b>LA GRANJA FRANCHISING CORPORATION</b>					
Principal Place of Business <b>6542 W ATLANTIC BLVD MARGATE, FL 33063</b>			Mailing Address <b>6542 W ATLANTIC BLVD MARGATE, FL 33063</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01232004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>75-3007846</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1600 MIAMI CENTER MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Racso Bartra</b> Street Address (P.O. Box Number is Not Acceptable) <b>6542 W. Atlantic Blvd.</b> City <b>Margate</b> <b>FL</b> Zip Code <b>33063</b>		
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  <b>RACSO BARTRA</b> <span style="float: right;">01/29/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BARITA, ROSCO</b> <b>5895 NW TERRACE</b> <b>POMPANO BEACH, FL 33067</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Bartra, Racso</b> <b>6542 W. Atlantic Blvd.</b> <b>Margate, FL 33063</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CB</b> <b>BARITA, COUSTANO</b> <b>7364 SONOMA SPRINGS #107</b> <b>LAKE WORTH, FL 33463</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CB</b> <b>Bartra, Gustavo</b> <b>7864 Sonoma Springs Circle #107</b> <b>Lakeworth, FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>SANDERS, CLAUDIA</b> <b>6335 NW 23 STREET</b> <b>POMPANO BEACH, FL 33063</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>Bartra, Gustavo Jr.</b> <b>7864 Sonoma Springs Circle #107</b> <b>Lakeworth, FL 33463</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>BARIRA, GUSTAVO JR</b> <b>7864 SONOMA SPRINGS #107</b> <b>LAKE WORTH, FL 33463</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>RACSO BARTRA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/29/04 <small>Date</small>		(954) 968-7988 <small>Daytime Phone #</small>