
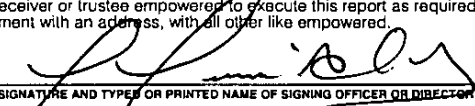


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90117 045 ***150.00

DOCUMENT # P02000017584 1. Entity Name LA GRANJA FRANCHISING CORPORATION					
Principal Place of Business 6542 W ATLANTIC BLVD MARGATE, FL 33063			Mailing Address 6542 W ATLANTIC BLVD MARGATE, FL 33063		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 75-3007846	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTRA, RACSO 6542 W. ATLANTIC BLVD POMPAÑO BEACH, FL 33063				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P BARITA, ROSCO 6542 W. ATLANTIC BLVD. POMPAÑO BEACH, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB BARITA, COUSTANO 7864 SONOMA SPRINGS CIRCLE #107 LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDERS, CLAUDIA 6335 NW 23 STREET POMPAÑO BEACH, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTRA, GUSTAVO JR 7864 SONOMA SPRINGS #107 LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bartra, Racso 6542 W. Atlantic Blvd. Pompaño Beach, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CB Bartra, Gustavo 7864 Sonoma Springs Circle #107 Lake Worth, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<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:  CLAUDIA SANDERS 2/16/05 954 818-5312					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50026355



02152005 Chg-P CR2E034 (10/03)

4. FEI Number
75-3007846

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Name
Street Address (P.O. Box Number is Not Acceptable)
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DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BARITA, ROSCO
6542 W. ATLANTIC BLVD.
POMPAÑO BEACH, FL 33063

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CB
BARITA, COUSTANO
7864 SONOMA SPRINGS CIRCLE #107
LAKE WORTH, FL 33463

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
VP
SANDERS, CLAUDIA
6335 NW 23 STREET
POMPAÑO BEACH, FL 33063

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BARTRA, GUSTAVO JR
7864 SONOMA SPRINGS #107
LAKE WORTH, FL 33463

☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Bartra, Racso
6542 W. Atlantic Blvd.
Pompaño Beach, FL 33063

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CB
Bartra, Gustavo
7864 Sonoma Springs Circle #107
Lake Worth, FL 33463

☒ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #