

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90334 033 ***150.00

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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

50010642



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

75-3007846

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTRA, RACSO
6542 W. ATLANTIC BLVD
POMPAÑO BEACH, FL 33063

Name

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

City

FL

Zip Code

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, 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, 2006 Fee will be \$550.00

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 P
NAME BARTRA, RASCO ☐ Delete
STREET ADDRESS 6542 W. ATLANTIC BLVD.
CITY-ST-ZIP POMPAÑO BEACH, FL 33063

TITLE P ☒ Change ☐ Addition
NAME BARTRA, RASCO
STREET ADDRESS 6542 W. ATLANTIC BLVD
CITY-ST-ZIP MARGATE, FL 33063

TITLE CB ☐ Delete
NAME BARTRA, GUSTAUO
STREET ADDRESS 7864 SONOMA SPRINGS CIRCLE #107
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE CB ☒ Change ☐ Addition
NAME BARTRA, GUSTAUO
STREET ADDRESS 6542 W. ATLANTIC BLVD
CITY-ST-ZIP MARGATE, FL 33063

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIA SANDERS

04/04/06

Date

(954) 968-7988

Daytime Phone #