

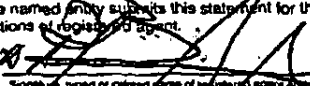
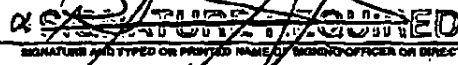
FILED
Jun 09, 2003 8:00 am
Secretary of State

04-17-2003 90148 018 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

4/1

44003733

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	
6542 WEST ATLANTIC BLVD		6542 WEST ATLANTIC BLVD	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. MARGATE, FL 330633		Suite, Apt. #, etc. MARGATE, FL 33063	
City & State		City & State	
Zip 33063	Country Broward	Zip 33063	Country Broward
4. FEI Number 75-3007846		Applied For Not Applicable	
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	
CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1800 MIAMI CENTER MIAMI FL 33131		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 		DATE 4-4-03	
FILE NOW!!! FEE IS \$250.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
RACSO BARTER / President 5845 N.W. 62 TERRACE PARKLAND, FL 33063			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
GUSTAVO BARTER / Chairman of the Board 7864 SONOMA SPRINGS #107 LAKE WORTH, FL 33463			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CYNTHIA SANDERS VILLAGE PRESIDENT 6335 N.W. 83 STREET MARGATE, FL 33063			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
GUSTAVO BARTER JR. Secretary 7864 SONOMA SPRINGS #107 LAKE WORTH, FL 33463			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			