


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000058405 1. Entity Name LA GRANJA SEAFOOD, INC.	
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Principal Place of Business 6540 W ATLANTIC BLVD MARGATE, FL 33063	Mailing Address 6540 W ATLANTIC BLVD MARGATE, FL 33063
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04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1655136	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDERS, RICK 6540 W ATLANTIC BLVD MARGATE, FL 33063

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTRA, GUSTAVO 6720 NW 66 TERR PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTRA, RACSO 5895 NW 62 TERR PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, CLAUDIA 6335 NW 23 ST MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTRA, GUSTAVO JR. 7864 SONOMA SPRINGS CIR #107 LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000749336
05/18/07-80019-008 150.00

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** 04/26/07 954 968 7988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone