

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90065 001 ****75.00
03-06-2008 90065 002 ****75.00

DOCUMENT # P02000058405

1. Entity Name
LA GRANJA SEAFOOD, INC.



Principal Place of Business
**6540 W ATLANTIC BLVD
MARGATE, FL 33063**

Mailing Address
**6540 W ATLANTIC BLVD
MARGATE, FL 33063**

66002529



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1655136

Applied For
Not Applicable

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

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, 2008 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
**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

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDIA SANDERS

01/07/08

Date

(954) 968-7988

Daytime Phone #