
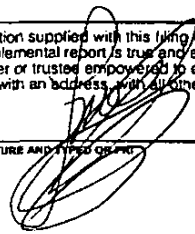


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 8:00 am
Secretary of State

04-26-2006 90187 039 ***150.00

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|---|---|--|
| DOCUMENT # P02000068747 | |  |
| 1. Entity Name SABORES CHILENOS ON THE BEACH INC. | | |
| Principal Place of Business 878 N W 128TH PL. MIAMI, FL 33182 | | Mailing Address 878 N W 128TH PL. MIAMI, FL 33182 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent ENCINA, PIERRE 878 N W 128TH PL. MIAMI, FL 33182 | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P ENCINA, INGRID 878 N W 128TH PL. MIAMI, FL 33182 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | V ENCINA, PIERRE 878 N W 128TH PL. MIAMI, FL 33182 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | |
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| 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: _____  | | |