2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2004 8:00 am Secretary of State **DOCUMENT # P02000074645** 03-12-2004 90036 010 ***150.00 1. Entity Name LAGUNA PLAZA RESTAURANT, INC. Principal Place of Business Mailing Address 70 NW 107TH AVE 70 NW 107TH AVE MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 55-0786657 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Maria Marrero CASTILLO, JOSE Street Address (P.O. Box Number is Not Acceptable) 40 NW 107TH AVE. 11901 NW 4 Street MIAMI, FL 33172 Miami 33182 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. 3-5-04 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE Delete TITLE President & Director ☐ Change Addition CASTILLO, JOSE NAME ? NAME William Santos STREET ADDRESS 70 NW 107TH AVE. STREET ADDRESS 11901 NW 4 Street, Miami, Florida 33182 MIAMI, FL 33172 CITY-ST-ZIP CITY-ST-ZIP **■** Delete Secretary & Director ☐ Change TITLE TITLE Addition NAME DE JESUS MARIA, MARIO NAME William A. Santos STREET ADDRESS 70 NW 107TH AVE. STREET ADDRESS 11901 NW 4 Street, Miami, Florida 33182 MIAMI, FL 33172 CITY-ST-ZIP CJTY-ST-ZIP Vice-President & Director ☐ Delete TITLE Change TITLE NAME NAME Maria Marrero STREET ADDRESS STREET ADDRESS 11901 NW 4 Street, Miami, Floridam 33182 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TATLE Delete TITLE T Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TIFLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 empor

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