2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Sep 13, 2004 8:00 am Secretary of State DOCUMENT # P03000040878 1. Entity Name 09-13-2004 90002 049 ***550.00 PAELLA SEAFOOD GRILL, INC. Principal Place of Business Mailing Address 730126UZ 12389 PEMBROKE ROAD 12389 PEMBROKE ROAD PEMBROKE PINE FL 33025 PEMBROKE PINE FL 33025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State 4. FEI Number City & State Applied For 134247635 Not Applicable Zip Country 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 Name BLANCO, ROLANDO Street Address (P.O. Box Number is Not Acceptable) 380 MONTCLAIRE DRIVE WESTON FL 33326 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition BLANCO, POLANDO NAME BLANCO, ROLANDO 355 Lake Crest Court STREET ADDRESS 380 MONTCLAIRE DRIVE STREET ADDRESS Weston, FL 33326 WESTON FL 33326 CITY-ST-7IP CITY-ST-ZIP VΡ TITLE ☐ Delete Change Ch Addition RAMIREZ, ANA M RAMIREZ, ANA M NAME NAME 355 Lake Crest Court 380 MONTCLAIRE DRIVE STREET ADDRESS STREET ADDRESS WESTON EL 33326 Weston, FL 33326 CITY-ST-ZIP CITY-ST-7IP TIT) F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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 empowered.

OFFICER OR DIRECTOR

SIGNATURE:

FILED