


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90044 013 \*\*\*150.00

<b>DOCUMENT # P03000101897</b>		
1. Entity Name <b>LA GRANJA BRASAS GRILLE, INC.</b>		

Principal Place of Business <b>6540 WEST ATLANTIC BOULEVARD MARGATE, FL 33063</b>	Mailing Address <b>6540 WEST ATLANTIC BOULEVARD MARGATE, FL 33063</b>
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**50018738**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01292005 Chg-P CR2E034 (10/03)

4. FEI Number <b>27-0066966</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SANDERS, RICK 6540 WEST ATLANTIC BOULEVARD MARGATE, FL 33063</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTA, GUSTAVO			NAME			
STREET ADDRESS	6540 W. ATLANTIC BLVD.			STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTA, RACSO			NAME			
STREET ADDRESS	6540 W. ATLANTIC BLVD.			STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANDERS, CLAUDIA			NAME			
STREET ADDRESS	6335 N.W. 23RD STREET			STREET ADDRESS			
CITY-ST-ZIP	MARGATE, FL 33063			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARTRA, GUSTAVO JR			NAME			
STREET ADDRESS	7864 SONOMA SPRINGS CIRCLE #107			STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33463			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Claudia Sanders*

2/15/05

954 968-3987

Date

Daytime Phone #