

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000101897

1. Entity Name  
LA GRANJA BRASAS GRILLE, INC.



Principal Place of Business  
6540 WEST ATLANTIC BOULEVARD  
MARGATE, FL 33063

Mailing Address  
6540 WEST ATLANTIC BOULEVARD  
MARGATE, FL 33063



04262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 27-0066966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SANDERS, RICK  
6540 WEST ATLANTIC BOULEVARD  
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, 2007 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 6540 W. ATLANTIC BLVD. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTRA, RACSO 6540 W. ATLANTIC BLVD. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANDERS, CLAUDIA 6335 N.W. 23RD STREET MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTRA, GUSTAVO JR 7864 SONOMA SPRINGS CIRCLE #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**

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05/18/07-80019-003 150.00

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

04/26/07  
Date

954 968 7988  
Daytime Phone #