


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000132646		
1. Entity Name FRITANGA EL GALLO PINTO CORP.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 11 AM 8:00

Principal Place of Business 20700 SW 114 CT MIAMI, FL 33189	Mailing Address 20700 SW 114 CT MIAMI, FL 33189
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2. Principal Place of Business 20714 S. DIXIE HWY		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33189	Country USA	Zip	Country

07232004 Chg-P CR2E034 (10/03)

MRS

6. Name and Address of Current Registered Agent MARTINEZ, AURA LILA 20700 SW 114 CT MIAMI, FL 33189 (DELETE)	
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7. Name and Address of New Registered Agent Name: NELLY M. MEZA, PRES. Street Address (P.O. Box Number is Not Acceptable): 20714 S. DIXIE HWY City: MIAMI FL Zip Code: 33189	
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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: <u>Nelly M. Meza</u> DATE: <u>8/02/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MARTINEZ, AURA LILA 20700 SW 114 CT MIAMI, FL 33189 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT NELLY M. MEZA 20714 S. DIXIE HWY, MIAMI, FL 33189 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT HOFFMAN MEZA 20714 S. DIXIE HWY MIAMI, FL 33189 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	200040644712 08/30/04--01068--015 ***61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Hoffman Meza & Nelly M. Meza DATE: 8/02/04 DAYTIME PHONE: 786 573 3992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nelly M. Meza