

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000156756
 1. Entity Name
LA GRANJA PARRILLA & SEAFOOD INC.



Principal Place of Business 6542 W. ATLANTIC BLVD. MARGATE, FL 33063	Mailing Address 6542 W. ATLANTIC BLVD. MARGATE, FL 33063
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 68-0575629	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTRA, GUSTAVO
 6542 W. ATLANTIC BLVD
 MARGATE, FL 33063

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable (DATE)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

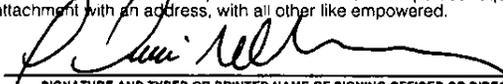
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARTRA, GUSTAVO 6542 W. ATLANTIC BLVD. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTRA, RACSO 6542 W. ATLANTIC BLVD. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERS, CLAUDIA 6542 W. ATLANTIC BLVD. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARTRA, GUSTAVO JR 6542 W. ATLANTIC BLVD. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **CLAUDIA SANDERS** **01/07/08** **(954) 968-7988**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #