## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## May 29, 2008 8:00 am Secretary of State DOCUMENT # P04000065494 05-29-2008 90200 022 \*\*\*150.00 1. Fotity Name EL DARIANO FRITANGA RESTAURANT CORP. Principal Place of Business Mailing Address -3015 NW 79 ST -2/75 SW 157 4111 NW 37 AVE SUITE R-28 - MI PHUI FL 33135 LOT D430 MIAMI, FL 33147 CR2E034 (11/05) No Chg-P 04302008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1020906 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 3015 NW 79 ST 8175 SW / W ST MELENDEZ, ENA M DO NOT WRITE SUITE R-28 MIAMI, FL 33147 MINNI FL 33135 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. P/D TITLE MELENDEZ, ENA M NAME MELENDEZ, ENA M 3015 NW 79 ST SUITER 20 あいっちい が ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33147 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITI E NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytime Phone #