



2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000086601		
1. Entity Name MOJITO'S LATIN GRILLE, INC.		

Principal Place of Business 6108 WINTHROP TOWN CENTER AVENUE RIVERVIEW, FL 33569 US	Mailing Address P. O. BOX 6520 BRANDON, FL 33508 US
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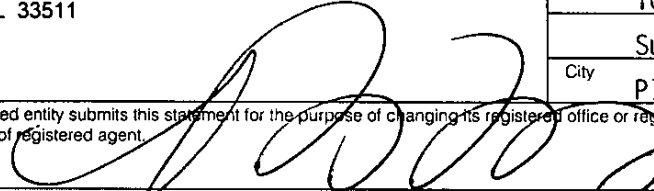
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
06 SEP -6 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



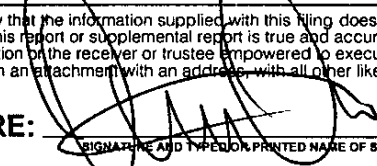
08102006 Chg-P CR2E034 (11/05)

4. FEI Number 57-1207064	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL J PA 791 W LUMSDEN RD. BRANDON, FL 33511		7. Name and Address of New Registered Agent Name Bruce J. Sperry, Esquire Street Address (P.O. Box Number is Not Acceptable) 1003 South Alexander Street Suite 1 City Plant City FL Zip Code 33563-8400	
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 		DATE 8-31-06	

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D KALLIANIOTIS, LOUIS <input checked="" type="checkbox"/> Delete 6108 WINTHROP TOWN CENTER AVENUE RIVERVIEW, FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST,D OWENS, JAMES D <input type="checkbox"/> Delete 6108 WINTHROP TOWN CENTER AVENUE RIVERVIEW, FL 33569	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D Owens, James D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Post Office Box 6520 Brandon, Florida 33508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200079732642 09/12/06--01064--030 **\$61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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:  James D. Owens, President	Date 8/30/06 (813) 917-1635