2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 30, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # P04000107 HI FIESTA GRANDE USA, C		05-30-2006 90039 032 ***150.00					
Principal Plac	e of Business	Mailing Address			002000			
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12010 SW 1 MIAMI, FL 3		12010 SW 10 TRR		ļ	••			
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2. Principal P	Place of Rusiness) /// Ter	3. Mailing Address	EU/11	Terr				
Suite, Apt.		Suite, Apt. #, etc.	$\sim \rho$	05172006	Chg-P	CR2E034 (11/05)		
City & Stat	mi, th.	Sity State Mi,	H.	4. FEI Number 20-139			pplied For ot Applicable	
Tip 22	Country	29,23,06	Country	5. Certificate	of Status Desired	S8.75 Ad		
	6. Name and Address of Current F	Registered Agent		7 Name and	Address of New F			
Name \ /				7. Name and Address of New Registered Agent				
VALBUENA, ARTURO 12010 SW 10 TRR			Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33184			16	dict notices (i.e. con number is not neceptable)				
, in the second			1013	16150 SW 111 Terr				
City A				Yiami.		FL Z	<u> </u>	
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_		, Marie			<u> </u>			
-	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature re	equired when reinstating)		DATE		
SIGNATURE_		9. Election Campaign	n Financing	\$5.00 May Be Added to Fees		with s. 607.193(2)(b), not receive the prior		
SIGNATURE_ FII	Sofaure, speed or printed name of registered agent a LE NOWILL FEE IS \$150.00 ue by September 6, 2006	Election Campaign Trust Fund Contrib	n Financing oution.	\$5.00 May Be Added to Fees	corporation did	with s. 607.193(2)(b), not receive the prior	notice.	
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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.

CITY-ST-ZIP

SIGNATURE:

City-St-ZIP

MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #