2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # P04000151053 1. Entity Name 04-23-2007 90058 047 ***150.00 SELVA GRILL, INC. Principal Place of Business Mailing Address 1345 MAIN STREET 1345 MAIN STREET SARASOTA, FL 34236 US SARASOTA, FL 34236 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222007 CR2E034 (12/06) Chg-P City & State 4. FEI Number City & State Applied For 20-1835982 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>George</u> JUDD, STEVEN H <u>H. Mazzarantani, P.A</u> Street Address (P.O. Box Number is Not Acceptable) 777 S. Palm Avenue, Suite 2 2940 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239 City Zip Code Sarasota, 34236 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>George H. Mazzarantani. Pres</u> Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1,@007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D X Delete TITLE D ☐ Change Addition NAME CASTRO, PABLO E NAME Rajo^T. Rajan 2010⁵9th St. W, Suite 4200 34209 STREET ADDRESS 2050 EUCLID TERRACE STREET ADDRESS Bradenton, FL CITY-ST-7IP SARASOTA, FL 34239 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME SANTA MARIA, DARWIN NAME STREET ADDRESS 2050 EUCLID TERRACE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34239 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

941 362.4427

Daytime Phone #

3-52-07