

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000076198

1. Entity Name
DON CHURRASCO GRILL, INC.



Principal Place of Business
5370 W 16TH AVENUE
HIALEAH, FL 33012

Mailing Address
5370 W 16TH AVENUE
HIALEAH, FL 33012

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09202007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2907568

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RONNY J. HALPERIN, P.A.
312 SE 17 ST.
2ND FLOOR
FT. LAUDERDALE, FL 33316

Name Alex A. Martinez, P.A.

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Avenue, Suite 290

City Coral Gables

FL

Zip Code 33146

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

9/20/07

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P/S
STREET ADDRESS BARONE, GUSTAVO G
CITY-ST-ZIP 5370 W 16TH AVENUE
HIALEAH, FL 33012 ☐ Delete

TITLE
NAME President / Secretary
STREET ADDRESS Patricia Cristina Santos
CITY-ST-ZIP 5370 W. 16th Avenue
Hialeah, FL 33015 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

9/20/07

FILED
07 SEP 20 AM 10: 29
CLERK OF STATE
TALLAHASSEE, FLORIDA

