



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT-# P05000141029		
1. Entity Name LAS 3 B BUENO, BONITO Y BARATO INC		

Principal Place of Business 4700 NW 75ST SUITE #8 MIAMI, FL 33126	Mailing Address 4700 NW 75ST SUITE #8 MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 4700 NW 7 ST	3. Mailing Address 4700 NW 7 ST
Suite, Apt. #, etc. 8	Suite, Apt. #, etc. 8
City & State MIAMI FL	City & State MIAMI FL
Zip 33126	Country US

FILED
07 AUG 23 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08212007 Chg-P CR2E034 (12/06)

4. FEI Number 43-2114872	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 SADE, JORGE O 4700 NW 7 ST STE 8 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SADE, JORGE O 4700 NW 7 ST. , #8 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300108880385 08/31/07--01010--018 **150.00
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
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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, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #