P06000010694

Florida Department of State
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From:
Account Name : MORAITIS, COFAR & KARNEY
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REGISTERED AGENT CHANGE

BRASA'S GRILL CORP

Certificate of Status	0
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Prepared by: Juan J. Perez
Moraitis, Cofar, Karney & Moraitis
915 Middle River Drive Suite 506
Fort Lauderdale FL 33304
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T. Roberts JUL 07 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BRASA'S GRILL CORP
(Name of Corporation)

DOCUMENT NUMBER: P06000010694

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN J. PEREZ, ESQ.
(Name of Contact Person)

MORAITIS, COFAR, KARNEY, & MORAITIS
(Firm/Company)

8569 PINES BLVD. SUITE 210
(Address)

PEMBROKE PINES, FL 33024
(City/State and Zip Code)

For further information concerning this matter, please call:

JUAN J. PEREZ at (954) 450-2585
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Moraitis, Cofar, Karney & Moraitis
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: BRASA'S GRILL CORP
2. The principal office address: 7920 PINES BOULEVARD, PEMBROKE PINES, FL 33024
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 1/24/2006 Document number: P06000010694
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

   QUINTERO, DIEGO
   7920 PINES BLVD.
   PEMBROKE PINES, FL 33024

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

   GOMEZ, ADOLFO
   7920 PINES BLVD.
   (P.O. Box NOT acceptable)
   PEMBROKE PINES, FL 33024

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X _____ (Signature of an officer or director) ADOLFO GOMEZ, PRESIDENT (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

X _____ (Signature of Registered Agent) 7/6/06 (Date)

If signing on behalf of an entity:

_____ (Typed or Printed Name)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
NS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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