## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000016869

Entity Name: EL BODEGON DOMINICANO, INC.

FILED May 01, 2008 Secretary of State

| •   |  | · · · · - · · · · · · · · · · · · ·                                     |   |  |  |
|---|--|---|---|--|--|
| Current Principal Place of Business:          |  |   | New Principal Place                         | New Principal Place of Business:             |  |
| 3403 NW <sup>-</sup><br>MIAMI, FL             |  |   |   |  |  |
| Current Mailing Address:                      |  |   | New Mailing Address:                        |  |  |
| 3403 NW <sup>-</sup><br>MIAMI, FL             |  |   |   |  |  |
| FEI Number:                                   | : 20-4257431   | FEI Number Applied For()  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |  |   | Name and Address o                          | Name and Address of New Registered Agent:    |  |
|   | LEOCADIO<br>184 PLACE<br>133015 US                       |   |   |  |  |
|   | named entity see of Florida.                             | submits this statement for the p  | ourpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATUR                                      | RE:  |   |   |  |  |
|   | Electror   | ic Signature of Registered Age  | ent   | Date   |  |
|   |  | 3(2)(b), F.S., the corporation did no<br>g Trust Fund Contribution ( ). | ot receive the prior notice.                |  |  |
| OFFICERS AND DIRECTORS:                       |  |   | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PST ()<br>SUAREZ, LEOG<br>19050 NW 84 F<br>MIAMI, FL 330 | PL  | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEOCADIO SUAREZ PST 05/01/2008