

2007 FOR PROFIT CORPORATION REINSTATEMENT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB -7 PM 12:20

| | | |
|----------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P06000072463 | |  |
| 1. Entity Name PARRILLADA LAS ROSAS RESTAURANT, CORP. | | |

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|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business 305 NW 72 AVENUE #206 MIAMI, FL 33126 | Mailing Address 305 NW 72 AVENUE #206 MIAMI, FL 33126 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

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|------------------------------------------------|--------------------------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address P.O. BOX 22651 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State HIALEAH, FL |
| Zip | Country U.S. |

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|  | |
| 4. FEI Number 20-4948666 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent RODRIGUEZ, GLORIA 4120 PALM AVE HIALEAH, FL FL330-12 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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 _____

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| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | 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 | P RODRIGUEZ, GLORIA 4120 PALM AVENUE HIALEAH, FL 33012 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900113204149 12/17/07--01064--012 ***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 03/05/07 90049 027 \$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 900113204149 02/19/08--01047--005 ***600.00 |
| 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 |
| 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 |
| 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 |

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: Gloria Rodriguez GLORIA RODRIGUEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT 12/12/07 305-821-1076
Date Daytime Phone #