

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90011 038 \*\*\*150.00

<b>DOCUMENT # P06000114456</b>			
<b>1. Entity Name</b> WEEKENDS BAR & GRILL, INC.			
<b>Principal Place of Business</b> 11958 SOUTHWEST 72ND TERRACE MIAMI FL 33138		<b>Mailing Address</b> 11958 SOUTHWEST 72ND TERRACE MIAMI FL 33138	
<b>2. Principal Place of Business - No P.O. Box #</b> 12150 S.W. 132 CT.		<b>3. Mailing Address</b> 12150 S.W. 132 CT.	
<b>Suite, Apt. #, etc.</b> #209-B		<b>Suite, Apt. #, etc.</b> #209-B	
<b>City &amp; State</b> Miami FLORIDA		<b>City &amp; State</b> Miami, FLORIDA	
<b>Zip</b> 33186		<b>Zip</b> 33186	
<b>Country</b> U.S.A.		<b>Country</b> U.S.A.	
<b>4. FEI Number</b> 22-3942409		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> DPS	<b>NAME</b> MACIAS, JUAN C	<input type="checkbox"/> Delete	<b>TITLE</b> _____
<b>STREET ADDRESS</b> 11958 SOUTHWEST 72ND TERRACE	<b>CITY- ST- ZIP</b> MIAMI FL 33138	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> _____
<b>TITLE</b> DT	<b>NAME</b> MACIAS, CAROLINA	<input type="checkbox"/> Delete	<b>TITLE</b> _____
<b>STREET ADDRESS</b> 11958 SOUTHWEST 72ND TERRACE	<b>CITY- ST- ZIP</b> MIAMI FL 33138	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> _____
<b>TITLE</b> _____	<b>NAME</b> _____	<input type="checkbox"/> Delete	<b>TITLE</b> _____
<b>STREET ADDRESS</b> _____	<b>CITY- ST- ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> _____
<b>TITLE</b> _____	<b>NAME</b> _____	<input type="checkbox"/> Delete	<b>TITLE</b> _____
<b>STREET ADDRESS</b> _____	<b>CITY- ST- ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> _____
<b>TITLE</b> _____	<b>NAME</b> _____	<input type="checkbox"/> Delete	<b>TITLE</b> _____
<b>STREET ADDRESS</b> _____	<b>CITY- ST- ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> _____
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>			
<b>SIGNATURE:</b> _____		1/25/07 305-216-4327	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	