

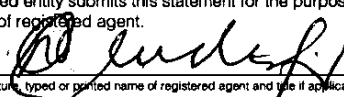
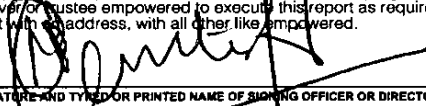


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90042 018 ***150.00

| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # P06000121302 1. Entity Name LOS TRES MONOS SABIOS RESTAURANT, INC. | | | |  | |
| Principal Place of Business 7137 W. FLAGLER ST. MIAMI, FL 33144 | | | Mailing Address 7137 W. FLAGLER ST. MIAMI, FL 33144 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
|  | | | | | |
| 03252008 Chg-P CR2E034 (12/06) | | | | | |
| 4. FEI Number 20-5613288 | | | | 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 GENDI, PEDRO A 7137 W. FLAGLER ST. MIAMI, FL 33144 | | | 7. Name and Address of New Registered Agent Name Pedro E. Avila Street Address (P.O. Box Number is Not Acceptable) 7137 West Flagler Street City Miami FL Zip Code 33144 | | |
| 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:  Pedro E. Avila 3/25/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD GENDI, PEDRO A 7137 W. FLAGLER ST. MIAMI, FL 33144 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD Pedro E. Avila 7137 West Flagler St Miami FL 33144 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <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:  | | | 3/25/08 (305) 265-2058 <small>Date Daytime Phone #</small> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |