

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135142

Entity Name: LAS RIKURAS DE WESTON, INC.

FILED  
May 08, 2008  
Secretary of State

## Current Principal Place of Business:

1259 LEEWARD WAY  
WESTON, FL 33327

## New Principal Place of Business:

66 INDIAN TRACE RD  
WESTON, FL 33326 US

## Current Mailing Address:

1259 LEEWARD WAY  
WESTON, FL 33327

## New Mailing Address:

66 INDIAN TRACE RD  
WESTON, FL 33326 US

FEI Number: 20-5972982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BELTRAN, ALEJANDRO  
1259 LEEWARD WAY  
WESTON, FL 33327 US

## Name and Address of New Registered Agent:

BELTRAN, ALEJANDRO  
789 LAVENDER CIRCLE  
WESTON, FL 33327 US

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.

SIGNATURE: ALEJANDRO BELTRAN

05/08/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BELTRAN, ALEJANDRO  
Address: 1259 LEEWARD WAY  
City-St-Zip: WESTON, FL 33327

Title: VP ( ) Delete  
Name: BELTRAN, FAENSY  
Address: 1259 LEEWARD WAY  
City-St-Zip: WESTON, FL 33327

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: BELTRAN, ALEJANDRO  
Address: 66 INDIAN TRACE RD  
City-St-Zip: WESTON, FL 33326

Title: VP (X) Change ( ) Addition  
Name: BELTRAN, FAENSY  
Address: 66 INDIAN TRACE RD  
City-St-Zip: WESTON, FL 33326

Title: P ( ) Change (X) Addition  
Name: ESCOBAR, LEYDA P  
Address: 66 INDIAN TRACE RD  
City-St-Zip: WESTON, FL 33326

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: LEYDA P. ESCOBAR

P

05/08/2008

Electronic Signature of Signing Officer or Director

Date