

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135142

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: LAS RIKURAS DE WESTON, INC.

## Current Principal Place of Business:

66 INDIAN TRACE RD  
WESTON, FL 33326 US

## New Principal Place of Business:

## Current Mailing Address:

66 INDIAN TRACE RD  
WESTON, FL 33326 US

## New Mailing Address:

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  
789 LAVENDER CIRCLE  
WESTON, FL 33327 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ESCOBAR LEYDA

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date