2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2008 08:00 AN Secretary of State **DOCUMENT # P06000142845** BLANCO RESTAURANTE, CORP. Mailing Address Principal Place of Business 601 SW 12TH AVENUE 601 SW 12TH AVENUE MIAMI, FL 33130 MIAMI, FL 33130 No Chg-P CR2E034 (11/05) 04292008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 71-1016080 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BLANCO, ALMA ONEIDA 601 SW 12TH AVENUE MIAMI, FL 33130 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BLANCO, ALMA ONEIDA STREET ADDRESS 601 SW 12TH AVE MIAMI, FL 33130 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 off an attachment effect an address, with all other like only

'SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 08

786)486-8213

FILED