

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000103318

FILED
Sep 01, 2009
Secretary of State

Entity Name: PACHAMAMMA PERUVIAN RESTAURANT, INC.

Current Principal Place of Business:

17011 NORTH BAY ROAD
SUITE #318
SUNNY ISLES BEACH, FL 33179

New Principal Place of Business:

17040 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17011 NORTH BAY ROAD
SUITE #318
SUNNY ISLES BEACH, FL 33179

New Mailing Address:

17040 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUQUE, WILKINS T
17011 NORTH BAY ROAD
SUITE #318
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

LUQUE, WILKINS T
17021 N BAY RD
SUITE #522
SUNNY ISLES BEACH, FL 33160 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:

09/01/2009

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: RAMIREZ, ISABEL L
Address: 17011 NORTH BAY ROAD #318
City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: VP () Delete
Name: LUQUE, WILKINS T
Address: 17011 NORTH BAY ROAD #318
City-St-Zip: SUNNY ISLES BCH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMIREZ, ISABEL L
Address: 3834 SW 48TH AVE
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP (X) Change () Addition
Name: LUQUE, WILKINS T
Address: 17021 N BAY RD # 522
City-St-Zip: SUNNY ISLES BCH, FL 33160

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: ISABEL RAMIREZ

PD

09/01/2009

Electronic Signature of Signing Officer or Director

Date