

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P9400007323	
1. Entity Name LA BAMBA MEXICAN AND SPANISH RESTAURANT III, INC.	

Principal Place of Business 4245 N FEDERAL HWY FT LAUDERDALE FL 33308	Mailing Address 4245 N FEDERAL HWY FT LAUDERDALE FL 33308
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 65-0463843	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent LAVENDER, JOEL R 507 SE 11 CT FT LAUDERDALE FL 33316	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when not filing.)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOLINA, MIGUEL A 4245 N FEDERAL HWY FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTINEZ, FIDEL A 4245 N FEDERAL HWY FT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MOLINA, REYNALDO 4245 N. FEDERAL HWY FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOLINA, ROSEVEL 4245 N. FEDERAL HWY FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLINA, JOSE 4245 N. FEDERAL HWY FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOLINA, DIMAS 4245 N. FEDERAL HWY FT. LAUDERDALE FL 33308 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Reynaldo Molina*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08 (954) 568-5662
 Date Director Phone #