2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State

Signature, tycool or printed name of registered agent and title if sopticable. Orlando, FL 59-3263164 Not Application Spanning 5. Certificate of Status Desired Spanning 5. Certificate of Statu	1. Entity Name BARA RESTAURANTS, INC. Principal Place of Business 5728 MAJOR BLVD SUITE 601 ORLANDO, FL 32819 US A 0066831 2. Principal Place of Business - No P.O. Box # 7932 W. Sand lake Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 300 City & State Orlando, FL Zip 32819 Country Country A 1 Mailing Address 7932 W. Sand lake Rd. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 300 City & State Orlando, FL Zip 32819 Country Country South	4 (12/06) Applied For Not Applicable 88.75 Additional
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KHATIB, RASHID A 5728 MAJOR BLVD SUITE 601 ORLANDO, FL 32819 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 act the obligations of registered agent. SIGNATURE Signature, typoed or privited name of registered agent and title if applicable. (NOTE: Registered Agent agentand required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 P. Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name Nome To Name and Address of New Registered Agent Name Nome To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name Name To Name and Address of New Registered Agent Name To Name and Address of New Registered Agent Name To Name and Address of New Registered Agent Name To Name and Address of New Registered Agent Name To Name and Address of New Registered Agent Name To Name and Address of New Registered Agent Name To Name and Na	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	
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12. Thereby certify that the information supplied with this filing 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

401-354-2200 Date

Daytime Phone #