2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P95000033399

Entity Name: ATLACATL RESTAURANT, CORP.

Current Principal Place of Business:

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

New Principal Place of Business:

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145 US

Current Mailing Address:

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145

New Mailing Address:

2300 CORAL WAY
SUITE 200
MIAMI, FL 33145 US

FEI Number: 65-0576190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
SUITE 200
MIAMI, FL 33145 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: D ( ) Delete
Name: RIVAS, ELSI
Address: 9741 S.W. 3RD STREET
City-St-Zip: MIMAI, FL 33174

Title: PD ( ) Delete
Name: MORENO, DIMAS
Address: 2303 NW 3 STREET
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete
Name: MORENO, ROSA
Address: 2303 NW 3 STREET
City-St-Zip: MIAMI, FL 33125

Title: V ( ) Delete
Name: RIVAS, JAIME
Address: 9741 S.W. 3 STREET
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RIVAS, ELSI
Address: 9741 S.W. 3RD STREET
City-St-Zip: MIMAI, FL 33174 US

Title: PD (X) Change ( ) Addition
Name: MORENO, DIMAS
Address: 2303 NW 3 STREET
City-St-Zip: MIAMI, FL 33125 US

Title: D (X) Change ( ) Addition
Name: MORENO, ROSA
Address: 2303 NW 3 STREET
City-St-Zip: MIAMI, FL 33125 US

Title: V (X) Change ( ) Addition
Name: RIVAS, JAIME
Address: 9741 S.W. 3 STREET
City-St-Zip: MIAMI, FL 33174 US

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: JAMIE RIVAS V 04/22/2009

Electronic Signature of Signing Officer or Director — Date