2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90068 033 ***158.75

DOCUMENT # P95000044864

1. Entity Name
LA MIA RESTAURANT CORP.

Principal Place of Business	Mailing Address
7911 NW 72 AVENUE 101-A MIAMI, FL 33166 US	7911 NW 72 AVENUE 101-A MIAMI, FL 33166 US

01212005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	14 Liberty Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apt 2R
City & State	City & State Jersey City, New Jersey
Zip / Country	Zip 07306 / Country USA

4. FEI Number 65-0627811 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
POSADA, DIANALEE
13440 SW 5 ST
MIAMI, FL 33184

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 Dianalee Posada [signature] PSD 1/21/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD POSADA, DIANALEE 13440 SW 5 ST MIAMI, FL 33184	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] Dianalee Posada 1/21/05 305-992-3910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #