

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000048540

FILED
Aug 11, 2006
Secretary of State

Entity Name: STEAK IN FOODS & BEVERAGES INC.

Current Principal Place of Business:

801 S. BAYSHORE DRIVE
BOX 16
MIAMI, FL 33131

New Principal Place of Business:

801 BRICKELL BAY DRIVE
BOX 16
MIAMI, FL 33131 US

Current Mailing Address:

C/O PAULO MIRANDA
ONE S.E. 3RD AVENUE, 28TH FLOOR
MIAMI, FL 33131 US

New Mailing Address:

801 BRICKELL BAY DRIVE
BOX 16
MIAMI, FL 33131 US

FEI Number: 65-0613024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE
28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

BARBOSA, JULIO ESQ
801 BRICKELL BAY DRIVE,
BOX # 16
MIAMI, FL 33131 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: JULIO C BARBOSA

08/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CURE, CARLOS
Address: 801 S BAYSHORE DRIVE, BOX 16
City-St-Zip: MIAMI, FL 33131

Title: DVS () Delete
Name: JADIEL, PIRES
Address: 2593 CHATHAM CIR
City-St-Zip: KISSIMMEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CURE, CARLOS
Address: 801 BAY DRIVE, BOX 16
City-St-Zip: MIAMI, FL 33131

Title: DVP (X) Change () Addition
Name: JADIEL, PIRES
Address: 801 BRICKELL BAY DRIVE, BOX 16
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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: CARLOS CURE

P

08/11/2006

Electronic Signature of Signing Officer or Director

Date