2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: YPD Felix E. BACZ

FILED Apr 30, 2007 08:00 A Secretary of State DOCUMENT # P98000002625 1. Entity Namo EL BRINDIS BAR, INC. Principal Place of Business Mailing Address 1708 W. FLAGLER STREET 700 SW 6 STREET **MIAMI FL 33135** MIAMI FL 33135 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For City & State City & State FEI Number 65-0814692 Not Applicable Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAEZ, FELIZ E 700 SW 6ST # 1 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33130 City 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 _ 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. VPD Change | ☐ Addition 1000 ☐ Delete THE BAEZ, FELIX E NAMI. NAME 700 SW 6ST #1 STREET ADDRESS STREET ADDRESS MIAMI FL 33130 CHY-SI-ZIP CHY-SI-ZIP Change Addition HHC Delete 11111 SANDOVA, ELADIA L NAMI NAME 12301 NW 11 ST STREET ADDRESS STREET ADDRESS MIAMI FL 33182 CITY-ST-71P CHY-SI-702 THUE Delete THE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP U00000747063 🗆 Change 11111, ☐ Delete шн Addition NAME 05/17/07-80011-019 158.75 STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP Delete Change Addition HILLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+S1-ZIP HILF ☐ Delete Addition NAME. NAMi STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 12. Thoreby 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 eath; that I am an efficier 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.