

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 021 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000013148			
1. Entity Name LA HERRADURA RESTAURANT CORP.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 18530 NW 67th AVE Suite, Apt. #, etc.		3. Mailing Address 18530 NW 67th AVE Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33015 Country USA		Zip 33015 Country USA	
4. FEI Number 65-0812007		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name FRANCIS M. GONZALEZ			
Street Address (P.O. Box Number is Not Acceptable) 125 SW 84th AVE			
City MIAMI FL Zip Code 33144			
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D FRANCIS M. GONZALEZ 125 S.W. 84th AVE MIAMI, FL 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D DANIEL GONZALEZ 125 S.W. 84th AVE MIAMI, FL 33144	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Francis Gonzalez</i>		04/23/08 305-819-3018	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR200348 (12/02)

**DO NOT WRITE
IN THIS SPACE**