
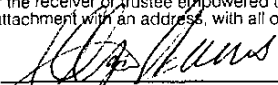


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 19 PM 12:46

DOCUMENT # P98000070403 1. Entity Name LOS BOHIOS TABERNA SPORT RESTAURANT, INC.					
Principal Place of Business 6850-54 N.W. 169TH STREET MIAMI LAKES, FL 33015			Mailing Address 6850 N.W. 169TH STREET MIAMI LAKES, FL 33015		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GONZALEZ, OLGA L 6850-54 N.W. 169TH STREET MIAMI LAKES, FL 33015			7. Name and Address of New Registered Agent Name OLGA TORRES Street Address (P.O. Box Number is Not Acceptable) 6780 NW 187TH TERRACE City MIAMI LAKES FL Zip Code 33015		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS GONZALEZ, OLGA L 6854 N.W. 169TH STREET MIAMI LAKES, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSTD OLGA TORRES 6780 NW 187TH TERRACE MIAMI LAKES, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GONZALEZ, OLGA L 6854 N.W. 169TH STREET MIAMI LAKES, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300075108913 05/24/06 01003 023 ***51.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			5/12/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		