2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 08:00 AM - Secretary of State **DOCUMENT # P98000103753** 1. Entity Name LAS COLONIAS GRILL RESTAURANT, INC. Mailing Address Principal Place of Business 13714 SW 88TH STREET 13714 SW 88TH STREET MIAMI, FL 33186 MIAMI, FL 33186 CR2E034 (10/03) 04142004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0884766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, JOSE UBEIRO DO NOT WRITE 8906 SW 150 PLACE CIRCLE MIAMI, FL 33196 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agont alignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1\$ \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS U000000131478 PD TITLE 134/27/04-80007-008 150.00 LOPEZ, JOSE ALBETRO NAME 8906 SW 150 PLACE CIRCLE STREET ADDRESS MIAMI, FL 33196 CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY ST ZIP

12. Thereby certify that the information supplied with this filling 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 supplied manual 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 regime. I write 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 of the regime. I are address, with all other tike empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED