

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 04, 2008 8:00 am
Secretary of State**

04-04-2008 90006 036 ***158.75

| | | |
|---------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # P99000065030 | |  |
| 1. Entity Name ATLACATL RESTAURANT SALVADORENO, INC. | | |

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------|--|
| Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 | | Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 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 FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY STE 200 MIAMI, FL 33145 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |



02222008 Chg-P CR2E034 (12/06)

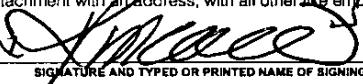
| | | |
|-----------------------------------------------------------------------------------------------------|----------|-------------------------------|
| 4. FEI Number 65-0990595 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |
| FL | 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 re-instating) DATE _____

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 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 PD <input type="checkbox"/> Delete NAME MORENO, DIMAS N STREET ADDRESS 2303 NW 3RD STREET CITY-ST-ZIP MIAMI, FL 33125 | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE SD <input type="checkbox"/> Delete NAME RIVAS, JAIME A STREET ADDRESS 9741 SW 3 STREET CITY-ST-ZIP MIAMI, FL 33174 | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE TD <input type="checkbox"/> Delete NAME RIVAS, ELSY STREET ADDRESS 9741 SW 3RD STREET CITY-ST-ZIP MIAMI, FL 33174 | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE D <input type="checkbox"/> Delete NAME MORENO, ROSA M STREET ADDRESS 2303 NW 3RD STREET CITY-ST-ZIP MIAMI, FL 33125 | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | |

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/08 (305) 856-0056
Date Daytime Phone #

Jalme Rivas