

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000077734

1. Entity Name
LA BODEGUITA DEL MEDIO RESTAURANT, INC.



FILED
2007 APR 10 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
13732 BISCAYNE BLVD #2
MIAMI, FL 33181

Mailing Address
2745 SW 17 STREET
MIAMI, FL 33145

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03302007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0945750

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRES, ZAIDA L
2745 SW 17 STREET
MIAMI, FL 33145

Name
LEAL, ARSENIO DANIEL

Street Address (P.O. Box Number is Not Acceptable)

2745 SW 17 street

City MIAMI

FL

Zip Code
33145

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.

ARSENIO LEAL - President

03/30/2007

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME TORRES, ZAIDA L
STREET ADDRESS 13732 BISCAYNE BLVD #2
CITY-ST-ZIP MIAMI, FL 33181

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME LEAL, ARSENIO DANIEL
STREET ADDRESS 2745 SW 17 street
CITY-ST-ZIP MIAMI, FL 33145

TITLE VP ☐ Change ☒ Addition
NAME TORRES, ZAIDA L
STREET ADDRESS 2745 SW 17 street
CITY-ST-ZIP MIAMI, FL 33145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 400097962404
STREET ADDRESS 04/23/07--01018--010
CITY-ST-ZIP **70.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ZAIDA L TORRES

03/30/2007 305-877-0836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #