2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V24370

1. Entity Name
LARIOS ON THE BEACH, INC.

Principal Place of Business	Mailing Address
420 JEFFERSON AVE MIAMI BEACH, FL 33139 US	420 JEFFERSON AVE MIAMI BEACH, FL 33139 US

DO NOT WRITE IN THIS SPACE

04212005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0326017		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ESTEFAN, EMILIO JR
STREET ADDRESS	420 JEFFERSON AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

1000000344479
04/30/05-80015-010 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Emilio Estefan*   4-28-05   (305)695-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #