2007 FOR PROFIT CORPORATION

Apr 19, 2007 08:00 A

ANNUAL REPORT					Secretary of State			
DOCUMENT # V24 1. Entity Name LARIOS ON THE BEACH,					١	secr	etary of State	
Principal Place of Business 420 JEFFERSON AVE MIAMI BEACH, FL 33139 US	42	iling Address 20 JEFFERSON AVE IAMI BEACH, FL 33139 L	OS] 	7 4407 31173 0 7477 1 87 11 84		AN BURN RURH BUNNARAN ABRA	
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א וטא טע	KIIEIN	I THIS SPA	CE	4. FEI Numbe 65-032			Applied For Not Applicable	
				5. Certificate	of Status Desired		\$8.75 Additional Fee Required	
6. Name and Addres	s of Current Regist	ered Agent						
INTRASTATE REGISTERED (701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131	AGENT CORPO	RATION	· · · · · · · · · · · · · · · · · · ·		NOT W			
8. The above named entity submits thi the obligations of registered agent.	s statement for the pr	urpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am	familiar with, and accept	
SIGNATURE Signature, typed or printed name:	f registered agent and title if	applicable (NOTE: Registere	d Agent signature required	1 when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				.00 May Be ed to Fees				
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TITLE PSTD NAME ESTEFAN, EMILIO STREET ADDRESS 420 JEFFERSON AV CITY-S1-ZIP MIAMI BEACH, FL 3	Έ			*				
THE NAME					. U 00	000071	7611	

DO NOT WRITE IN THIS SPACE

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 truetge 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:

NAME STREET ADDRESS

IITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April-110.07.

Daytime Phone #