

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41530

FILED
May 14, 2004
Secretary of State

Entity Name: LAS BRISAS RESTAURANT, INC.

Current Principal Place of Business:

600 N. SURF ROAD
UNIT 8 & 9
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

600 N. SURF ROAD
UNIT 8 & 9
HOLLYWOOD, FL 33019

New Mailing Address:

FEI Number: 65-0339041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALAN, ALBERTO
600 NORTH SURF ROAD
UNIT 8 & 9
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GALAN, ALBERTO,
Address: 600 NORTH SURF ROAD
City-St-Zip: HOLLYWOOD, FL

Title: STD () Delete
Name: MOTTO, CARLOS,
Address: 600 NORTH SURF ROAD
City-St-Zip: HOLLYWOOD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO GALAN

PD

05/14/2004

Electronic Signature of Signing Officer or Director

Date