

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90066 021 ***150.00

DOCUMENT # V41530

1. Entity Name

LAS BRISAS RESTAURANT, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0339041

Applied For

Not Applicable

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

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

Name

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

City

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GALAN, ALBERTO
STREET ADDRESS 600 NORTH SURF ROAD
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

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

TITLE STD
NAME MOTTO, CARLOS
STREET ADDRESS 600 NORTH SURF ROAD
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

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

TITLE DIRECTOR
NAME LETICIA GALAN
STREET ADDRESS 600 N. SURF RD.
CITY-ST-ZIP HOLLYWOOD, FL 33019 ☐ Delete

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

TITLE DIRECTOR
NAME NICOLINA MOTTO
STREET ADDRESS 600 N. SURF RD
CITY-ST-ZIP HOLLYWOOD, FL 33019 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/05 954-929-3208