


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 56589

1. Entity Name
**AMMIE'S SEAFOOD BARG
GRILL INC.**



FILED
04 APR -2 AM 10: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800031741688
04/02/04--01018--022 **150.00

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business 148 NW 167 ST.		3. Mailing Address 910 DUNAD	
Suite, Apt. #, etc. HOLIDAY INN HOTEL		Suite, Apt. #, etc. AVE.	
City & State N. MIAMI FL.		City & State OPA LOCKA FL.	
Zip 33169	Country DADE	Zip 33054	Country DADE

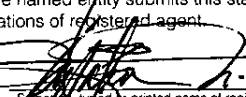
4. FEI Number 85-198056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name AMALIA N. ROJAS	
Street Address (P.O. Box Number is Not Acceptable) 910 DUNAD AVE.	
City OPA LOCKA	FL Zip Code 33054

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  (Owner) (Not Sure If F.B.A. or Sigs) **MARCH 24, 2004**

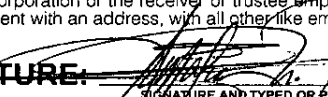
(NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE D	NAME ANGEL WILLY MACNAGA	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
	910 DUNAD AVE. OPA LOCKA FL. 33054		
TITLE D	NAME AMALIA N. ROJAS	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
	910 DUNAD AVE OPA LOCKA FL. 33054		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  (AMALIA N. ROJAS) **02/30/04 - 305-685-6470**

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

CR2E034B (12/02)