

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F48838**

1. Entity Name  
**CAFE FARAYA, INC.**



Principal Place of Business  
**8398 NW 58TH ST  
MIAMI, FL 33166**

Mailing Address  
**8398 NW 58TH ST  
MIAMI, FL 33166**



03152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0487163**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**AMADOR, NESTOR FERMIN  
220 E 58 ST  
8435 NW 165 TERR  
MIAMI LAKE, FL 33016**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000473487  
03/31/06-80018-014 150.00

10. OFFICERS AND DIRECTORS

|                |                   |
|----------------|-------------------|
| TITLE          | PD                |
| NAME           | AMADOR, NESTOR F  |
| STREET ADDRESS | 8435 NW 165 TERR  |
| CITY-ST-ZIP    | HIALEAH, FL 33016 |
| TITLE          | D                 |
| NAME           | AMADOR, MARIA C   |
| STREET ADDRESS | 8435 NW 165 TERR  |
| CITY-ST-ZIP    | HIALEAH, FL 33016 |
| TITLE          | VTD               |
| NAME           | AMADOR, ELIZABETH |
| STREET ADDRESS | 8435 NW 165 TERR  |
| CITY-ST-ZIP    | HIALEAH, FL 33016 |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |

**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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/06 (301) 8070027

Date

Daytime Phone #