

FILED  
May 24, 2004 8:00 am  
Secretary of State

04-30-2004 90251 032 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000034567</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                    |                                                                                                                                      |                                                                                                                                                |
| 1. Entity Name<br><b>EL NUEVO OASIS CAFETERIA CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                                                |
| Principal Place of Business<br><b>774 W 84 STREET<br/>HIALEAH, FL 33014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                    | Mailing Address<br><b>774 W 84 STREET<br/>HIALEAH, FL 33014</b>                                                                                                                                                       |                                                                                                                                                |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                    | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                             |                                                                                                                                                |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                    | City & State                                                                                                                                                                                                          |                                                                                                                                                |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                            | Zip                                                                                                                                                                                                                   | Country                                                                                                                                        |
| 4. FEI Number<br><b>65-0995790</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                |                                                                                                                                                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                    | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                 |                                                                                                                                                |
| 6. Name and Address of Current Registered Agent<br><b>MOJENA, MANUEL<br/>18484 NW 53 AVENUE<br/>MIAMI, FL 33055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                    | 7. Name and Address of New Registered Agent<br>Name <b>MARIA A ESCOBEDO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>6850 W 16 Dr. #114</b><br>City <b>Hialeah</b> <b>FL</b> Zip Code <b>33014</b> |                                                                                                                                                |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                    |                                                                                                                                                                                                                       |                                                                                                                                                |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                |                                                                                                                                                |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                 |                                                                                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>MOJENA, MANUEL<br>18484 NW 53 AVENUE<br>MIAMI, FL 33055 <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | PD<br>MARIA A ESCOBEDO<br>6850 W 16 Dr. #114<br>Hialeah, FL 33014 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>DE GUENARA, JUAN L<br>1480 W 46 STREET, #211<br>HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                    | Date _____<br>City/Time Phone # _____                                                                                                                                                                                 |                                                                                                                                                |