


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000133049 1. Entity Name BAHIA HONDA CAFETERIA CORP.	
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FILED
05 SEP 19 PM 2:52

SECRET
TALLAHASSEE, FLORIDA



Principal Place of Business 66 WEST 29TH STREET HIALEAH, FL 33012 US	Mailing Address 66 WEST 29TH STREET HIALEAH, FL 33012 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

09142005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1727580	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RIZO & DE ACOSTA LLC 15025 NW 77 AVE SUITE 137 MIAMI LAKES, FL 33014	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT MOREJON, NIURYS <input checked="" type="checkbox"/> Delete 41 WEST 32ND STREET HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D.P.S.T. LEONARDO SANCHEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 41 W 32ND ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS SANCHEZ, LEONARDO <input type="checkbox"/> Delete 41 WEST 32ND STREET HIALEAH, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800059748888 09/19/05--01058--025 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Leonardo Sanchez 9/14/05

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