


**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90327 028 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P07000014152</b> 1. Entity Name <b>EXITO CAFE INC.</b>	
--	---

Principal Place of Business <b>2336 NW 7 STREET          MIAMI, FL 33125</b>	Mailing Address <b>2336 NW 7 STREET          MIAMI, FL 33125</b>
---	---

66011481



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04022008 Chg-P CR2E034 (12/06)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>RODRIGUEZ GUARDADO, MARIA ANTONIA</b> <b>2336 NW 7 STREET</b> <b>MIAMI, FL 33125</b>		Name Street Address (P.O. Box Number is Not Acceptable) City	
		<b>FL</b>	Zip Code

4. FEI Number <b>20-8376805</b>	Applied For Not Applicable
------------------------------------	-------------------------------

10. 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: *maria A Rodriguez* DATE: *4-18-08*

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	P RODRIGUEZ GUARDADO, MARIA ANTONIA	TITLE	
NAME	2336 NW 7 STREET	NAME	
STREET ADDRESS	MIAMI, FL 33125	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	V	TITLE	
NAME	PEREZ, FAUSTO	NAME	
STREET ADDRESS	2336 NW 7 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33125	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *maria A Rodriguez* DATE: *4-18-08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR