


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000041388
1. Entity Name
AMIGO'S CAFE INC.



Principal Place of Business 11263 E TAMiami TRAIL UNIT F NAPLES, FL 34113 US	Mailing Address 11263 E TAMiami TRAIL UNIT F NAPLES, FL 34113 US
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DO NOT WRITE IN THIS SPACE



02202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0424255	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LLERENA, RAMIRO
11263 E TAMiami TRAIL
UNIT F
NAPLES, FL 34113**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LLERENA, RAMIRO 11263 E. EAMIAMI TRAIL NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LLERENA, MARTHA 11263 E. TAMiami TRAIL NAPLES, FL
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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: *R. Llerena*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-07
Date

Daytime Phone #