


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000046092 1. Entity Name SILVIA CAFETERIA, INC.	
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Principal Place of Business 709 N.W. 16TH STREET BELLE GLADE, FL 33430	Mailing Address 709 N.W. 16TH STREET BELLE GLADE, FL 33430
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04062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0583679	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

HEFFERNAN, RICHARD L CPA
2911 E. MAIN STREET
PAHOKEE, FL 33476

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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
After May 1, 2005 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	D VILLARREAL, SILVIA 1628 AIRPORT ROAD BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLARREAL, JESUS 1628 AIRPORT ROAD BELLE GLADE, FL 33430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GONZALEZ, MIGUEL A 709 NW 16TH ST BELLE GLADE, FL 33430
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05/05/05-80067-022 150.00

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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: Miguel Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____