2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #465779

1. Entity Name

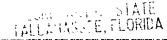
CAFÉTERIA AYESTARAN, INC.



Principal Place of Business

2300 CORAL WAY SUITE 200 MIAMI, FL 33145 Mailing Address

2300 CORAL WAY SUITE 200 MIAMI, FL 33145 FILED 06 MAR 28 PH 1: 29





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02092006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1591012

Applied For Not Applicable

5. Certificate of Status Desired

M

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY #200 MIAMI, FL 33145

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	ove named entity submits this statement for the purpose of c igations of registered agent.	hanging its registered office or registered agent, or bo	th, in the State of Florida. I am tamiliar with, and accept
SIGNATU	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when rematating)	DATE
	· · · · · · · · · · · · · · · · · · ·		

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10.	OFFICERS AND DIRECTORS		
TITLE	PD		
NAME	LLEONART, RODOLFO		
STREET ADDRESS	7135 COLLINS AVE, APT #626		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		
TITLE	SD		
NAME	LLEONART, ORESTES		
STREET ADDRESS	9255 S.W. 35TH ST		
CITY-ST-ZIP	MIAMI, FL 33165		
TITLE	DV		
NAME	LLEONART, JORGE		
STREET ADDRESS	3021 S.W. 18TH STREET		
CITY-ST-ZIP	MIAMI, FL 33145		
TITLE	TD		
NAME	LLEONART, ORESTES JR		
STREET ADDRESS	9255 S.W. 35TH STREET		
CTY-ST-ZIP	MIAMI, FL 33165		
TITLE			
NAME	ATT 0/20		
STREET ADDRESS	(1/4/3/28		
CITY-ST-ZIP	V . 1		
TITLE			
NAME			

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12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

NATIVE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OBJECTOR

2-11-06

305-856-005G

Daytime Phone