

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 465779

1. Entity Name
CAFETERIA 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 PM 1:29

FLORIDA STATE
TALLAHASSEE, FLORIDA



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1591012

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$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

**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 re-registering)

DATE _____

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

9. 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
CITY-ST-ZIP MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

[Signature]
3/28

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300069398363
04/04/06--01032--001 **158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RODOLFO LLEONART

2-11-06 305-856-0056