


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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|--|--|---------------------------------|--|---|---|--|--|
| DOCUMENT # 465779 1. Entity Name CAFETERIA AYESTARAN, INC. | | | |  | | FILED 07 MAR 27 PM 2:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 | | | | Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145 | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | | | City & State Zip Country | | | |
| 4. FEI Number 59-1591012 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$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 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | |
| 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 Mar 1, 2007 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LLEONART, RODOLFO 7135 COLLINS AVE, APT #626 MIAMI BEACH, FL 33141 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LLEONART, ORESTES 9255 S.W. 35TH ST MIAMI, FL 33165 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV LLEONART, JORGE 3021 S.W. 18TH STREET MIAMI, FL 33145 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LLEONART, ORESTES JR 9255 S.W. 35TH STREET MIAMI, FL 33165 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: <i>Rodolfo Leonart</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | 3/14/07 (305) 856-0056 Date Daytime Phone # | | | |

RODOLFO LLEONART, PRESIDENT