2007 FOR PROFIT CORPORATION ANNUAL REPORT

	ANIIVAL										
DOCU 1. Entity Nam CAFETER				FILED 07 MAR 27 PM 2: 20 SECRETARY OF STATE FALL APASSEE, FLORIDA							
Principal Place of Business Mailing Address						1.0	그녀선 내 맛	STATE			
l '		~				Find. !	AlfASSEE,	FL CRID,	A		
2300 CORAL Suite 200	. WAT	2300 CORAL WAY Suite 200							,		
MIAMI, FL 3	MIAMI, FL 33145										
		1411 111, FE 001 10									
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01242007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Number 59-1591			No	plied For t Applicable		
Zip	Country	Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									gent		
FLORIDA ANNUAL REPORT SERVICES INC					Name						
2300 CORAL WAY #200					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33145											
				City	ty FL Zip Code					₹	
8. The above	named entity submits this statement for	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept									
the obligations of registered agent.											
DIGNATION											
SIGNATURE Signature, typed or printed name of registered again and title if applicable (NOTE: Registered Againt signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	ICERS AND I	DIRECTORS	S IN 11	
TITLE	PD	Delete	TITL	E.					☐ Change	☐ Addition	
NAME	LLEONART, RODOLFO		NAM	IE 3	L	1.1.0					
STREET ADDRESS	7135 COLLINS AVE, APT #626		STRE	EET ADDRESS	Ν	13/27					
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY	-ST-ZIP	$(U)^{-}$	1 77					
TITLE	SD	☐ Delete	TITL	E	•				☐ Change	Addition	
NAME	LLEONART, ORESTES NA		NAM	ic							
STREET ADDRESS			STRE	EET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33165		-ST-ZIP								
TITLE	DV	☐ Delete	. TITL	E					☐ Change	☐ Addition	
NAMÉ	LLEONART, JORGE		NAM	ιE		60	00095:	1727	716		
STREET ADDRESS	3021 S.W. 18TH STREET		STRE	EET ADDRESS		03/28	00095: /0701041	l 009	**158	.75	
CITY-ST-ZIP	MIAMI, FL 33145		CITY	-ST-ZIP							
TITLE	TD	☐ Delete	TITL	E					Change	☐ Addition	
NAME	LLEONART, ORESTES JR		MAM	I							
STREET ADDRESS	9255 S.W. 35TH STREET		•	EET ADDRESS							
CITY-ST-ZIP	MIAMI, FL 33165		CITY	-ST-ZIP							
TITLE		Delete	TITL	E					☐ Change	☐ Addition	
NAME			NAM								
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP			CITY	-ST-ZIP							
TITLE		☐ Delete	TITL						Change	Addition	
NAME			NAM	1							
STREET ADDRESS	1			EET ADDRESS							
CITY-ST-ZIP	<u> </u>			-ST-ZIP						·	
12. I hereby a indicated	certify that the information supplied wit fon this report or supplemental report i	h this filing does not qualify for s true and accurate and that r	or the ex my signa	emptions co	ntained we the	l in Chapter 119, same legal effect	Florida Statutes, I as if made under o	further certifoath; that I ar	y that the ir n an officer	nformation or director	
of the cor	rporation or the receiver or trustee enn	owered to execute this report	as requ	ired by Chap	oter 607	, Florida Statutes	and that my name	e appears in	Block 10 or	Block 11 if	
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 shoowered 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: En 16/Megnar 3/14/07 (205/856-0050											

Daytme Prione =

Date

RODOLFO LLEONART, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR