2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # F47279 Feb 20, 2006 08:00 AN 1. Entity Name **Secretary of State** THE CUBAN SANDWICH SHOP, INC. Principal Place of Business Mailing Address 10434 N. FLORIDA AVE. 10434 N. FLORIDA AVE. **TAMPA FL 33612 TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-2141123 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAZ, MANUEL, III Street Address (P.O. Box Number is Not Acceptable) 10434 N. FLORÍDA AVE. **TAMPA FL 33612** City 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 Signature, typed or printed name of registered agent and title if applicable OATE (NOTE Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Ba After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11 TITLE ☐ Change ☐ A-Little PDT TITLE Dejete DIAZ, MANUEL, III NAME NAME U000001442222 STREET ADDRESS 10434 N. FLORIDA AVE. STREET ADDRESS 03/04/06-90010-006 150.00 CITY-ST-ZIP TAMPA FL CHY-ST-ZIP ☐ Change ☐ Addison IIILE ☐ Delete TITLE NAME NAME DIAZ, DARREN STREET ADDRESS STREET ADDRESS 10434 N. FLORIDA AVE. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** Detete TITLE ☐ Change Acti Gin TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TUTLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change 🔲 Addiili TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP ☐ Change Add " ☐ Delete IIILE TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| Alignature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Date | Dat