2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F47279

1. Entity Name
THE CUBAN SANDWICH SHOP, INC.

Principal Place of Business	Mailing Address
10434 N. FLORIDA AVE. TAMPA, FL 33612	10434 N. FLORIDA AVE. TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

03132007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2141123	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, MANUEL, III
10434 N. FLORIDA AVE.
TAMPA, FL 33612

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000671206
03/28/07-80019-015 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PDT
NAME	DIAZ, MANUEL, III
STREET ADDRESS	10434 N. FLORIDA AVE.
CITY-ST-ZIP	TAMPA, FL

TITLE	S
NAME	DIAZ, DARREN
STREET ADDRESS	10434 N. FLORIDA AVE.
CITY-ST-ZIP	TAMPA, FL 33612

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _Darren D___ Darren Diaz_   3/13/07   813-932-0998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #