

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # F48838**  
 1. Entity Name  
 CAFE FARAYA, INC.



Principal Place of Business  
 8398 NW 58TH ST  
 MIAMI, FL 33166

Mailing Address  
 8398 NW 58TH ST  
 MIAMI, FL 33166



03142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0487163

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

AMADOR, NESTOR FERMIN  
 220 E 58 ST  
 8435 NW 165 TERR  
 MIAMI LAKE, FL 33016

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	AMADOR, NESTOR F
STREET ADDRESS	8435 NW 165 TERR
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D
NAME	AMADOR, MARIA C
STREET ADDRESS	8435 NW 165 TERR
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VTD
NAME	AMADOR, ELIZABETH
STREET ADDRESS	8435 NW 165 TERR
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000864612  
 04/04/08-80021-021-150.00

**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 an other like empowered

SIGNATURE: *[Signature]* 03/15/08 (305) 592 9962  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #