

**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

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000864612
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/08

Date

(305) 592 9962

Daytime Phone #