

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F62173

1. Entity Name
INTERNATIONAL CAFETERIA INC.



Principal Place of Business
**7137 WEST FLAGLER STREET
MIAMI, FL 33144-2601**

Mailing Address
**7137 WEST FLAGLER STREET
MIAMI, FL 33144-2601**



02282004 No Chg P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2162721

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**ELIAS, NORMA B
10831 S.W. 58TH TERRACE
MIAMI, FL 33173**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000096897
03/26/04-90017-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELIAS, NORMA B
STREET ADDRESS	10831 SW 58 TR
CITY- ST- ZIP	MIAMI, FL 33173
TITLE	STD
NAME	ELIAS, YASMIN
STREET ADDRESS	10831 SW 58TH TERRACE
CITY- ST- ZIP	MIAMI, FL 33173
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 exemption stated in Section 119.07(3)(i), 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 file empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

3/15/04

(305) 266-3320

Date

Daytime Phone #