2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED AND FILED

05 AUG 30 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G40590

1. Entity Name
ANGELO BUFFET, INC.

Principal Place of Business	Mailing Address
C/O ANGEL REQUEJADO 6013 S.W. 8TH STREET MIAMI, FL 33144	C/O ANGEL REQUEJADO 6013 S.W. 8TH STREET MIAMI, FL 33144

07282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
JUAN DE LA TORRE	JUAN DE LA TORRE
Suite, Apt. #, etc.: 6013 SW 8 ST	Suite, Apt. #, etc.: 6013 SW 8 ST
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33144 Country: MIAMI-DADE	Zip: 33144 Country: MIAMI-DADE

4. FEI Number 59-2301025 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REQUEJADO, ANGEL 5700 SW 51 STREET MIAMI, FL 33155	Name: ANTONIO SOTO Street Address (P.O. Box Number is Not Acceptable): 8888 W. FLAGLER ST A105 City: MIAMI FL Zip Code: 33144

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

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPSV MARTIN, MARTHA 5700 SW 51 STREET MIAMI, FL 33155	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D Juan de la Torre 11210 SW 4ST Miami FL 33174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DAVILA, ROSA 11212 SW 4 ST MIAMI, FL 33174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Lourdes Montes de Oca 11210 SW 4 ST Miami FL 33174	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300059394153 09/07/05--01029--008 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	K. Eckel AUG 30 2005	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 like empowered.

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