FROM :ABELAIRAS FAX NO. :7864971900 Apr. 25 2006 04:00PM P2

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Apr 28, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G40590

1. Entity Name
ANGELO BUFFET, INC.

Principal Place of Business	Mailing Address
JUAN DE LA TORRE 6013 S.W. 8TH STREET MIAMI, FL 33144	JUAN DE LA TORRE 6013 S.W. 8TH STREET MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

01302 No Chg-P CR2E034 (11/05)

4. FEI Number 59- 01025 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SOTO, ANTONIO J III
8500 W. FLAGLER ST. A 105
MIAMI, FL 33144

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	DE LA TORRE, JUAN
STREET ADDRESS	11210 SW 4 ST
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	P/D
NAME	MONTES DE ORA, LOURDES
STREET ADDRESS	11210 SW 4 ST
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1/30/06 Date — Daytime Phone #