FROM :ABELAIRAS FAX NO. :7864971900

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90039 007 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G40590

1. Entity Name
ANGELO BUFFET, INC.

40011120

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

01032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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	VPD	☐ Delete
NAME	DE LA TORRE, JUAN	
STREET ADDRESS	~~11210 SW 4 ST~~ 2631 SW 138 PATH	
CITY-ST-ZIP	~~MIAMI, FL 33174~~ MIAMI FL 33175	
TITLE	P/D	☐ Delete
NAME	MONTES DE ORA, LOURDES	
STREET ADDRESS	~~11210 SW 4 ST~~ 2631 SW 138 PATH	
CITY-ST-ZIP	~~MIAMI, FL 33174~~ MIAMI FL 33175	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: (X) [signature] Lourdes Montes De ORA 1/7/08 (305) 264-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2008-01-14 11:16 7864971900