


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L45299 1. Entity Name MI COLOMBIA CAFETERIA, INC.	
--	---

Principal Place of Business % TERESA AGUDELO 702 71ST ST MIAMI BEACH, FL 33141	Mailing Address % TERESA AGUDELO 702 71ST ST MIAMI BEACH, FL 33141
---	---

DO NOT WRITE IN THIS SPACE



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0165739	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent AGUDELO, TERESA 702 71ST ST MIAMI BEACH, FL 33141
--

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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	-----------------------------

U00000834397
 02/28/08-80051-022 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUDELO, TERESA 965 BAY DR #2 MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Luis Oswald Ariza* 3/15/08 305-688-1716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #