2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M26123

1. Entity Name
BERTO CAFETERIA, INC.

Principal Place of Business	Mailing Address
9900 N.W. 80 AVE. BAY 4 A-B HIALEAH GARDENS, FL 33016-2324	9900 N.W. 80 AVE. BAY 4 A-B HIALEAH GARDENS, FL 33016-2324

DO NOT WRITE IN THIS SPACE

01192004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2635876	Not Applicable

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

6. Name and Address of Current Registered Agent

VALDES, HERIBERTO
9900 N.W. 80 AVE.
HIALEAH GARDENS, FL 33015

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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, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000062212 02/23/04-80112-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	VALDES, HERIBERTO
STREET ADDRESS	1525 SW 78TH COURT
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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: _Heriberto Valdes_   2/19/04   305-552-0791

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