2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # M26123 BERTO CAFETERIA, INC. Principal Place of Business Mailing Address 9900 N.W. 80 AVE, 9900 N.W. 80 AVE. BAY 4 A-B BAY 4 A-8 HIALEAH GARDENS, FL 33016-2324 HIALEAH GARDENS, FL 33016-2324 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2635876 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent VALDES, HERIBERTO DO NOT WRITE 9900 N.W. 80 AVE. HIALEAH GARDENS, FL 33015 IN THIS SPACE 6. 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 reinstalling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME VALDES, HERIBERTO U00000511692 1525 SW 78TH COURT 04/29/06-80052-022 150.00 STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TATLE

12. I hereby certify that the information supplied with this filling 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 of 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: FROM THE AND THE DOR PRINTED MAKE OF SIGNING OFFICENT OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

4-12.06.

FILED

Daytime Phone #