2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 08:00 AM Secretary of State

ANNUAL REPURI				_	- P C	~ _ , _ .	
DOCUMENT # M41141 1. Entity Name					S	ecreta	ary of Stat
MEDLEY RESTAURANT & CAFETERIA, INC.)			
	ce of Business	Mailing Address					
7441 N.W. 7 MEDLEY, FL	72ND AVE. 33166-2432	7441 N.W. 72ND AVE. Medley, Fl. 33166-2432					
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L	O NOT WRITE	IN THIS SPA	CE .	4. FEI Numb			Applied For
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	Section 1995	., ., ., ., ., ., ., ., ., ., ., ., ., .	·	5. Certificate	of Status Desired		ee Required
	6. Name and Address of Current Re	gistered Agent		the second		*	
VELAZQUEZ, GEOVANI			,	DO	NOT W	RITE	
3388 WEST 73 TERRACE HIALEAH, FL 33016			, .				e, a second
			, .	THIS SP	AUE	e e e e e e e e e e e e e e e e e e e	
	named entity submits this statement for the ions of registered agent.	e purpose of changing its register	ed office or registe	ered agent, or bo	th, in the State of Flo	rida. I am fa	miliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered in the printed in th				ed when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution				5.00 May Be ded to Fees			
10,	OFFICERS AND DI	RECTORS			A + 1.		
TITLE NAMÉ	PSTD VELAZQUEZ, GEOVANI		, 1		. , 4,		
STREET ADDRESS	3388 WEST 73 TERRACE			. » « · · · · · · · · · · · · · · · · · ·	Stage Programme Commence of the Commence of th	, .	
CITY-ST-ZIP	HIALEAH, FL 33016		,				
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STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
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NAME STREET ADDRESS							
CITY-ST-ZIP			1.0	*			· .

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-07

Daytime Phone #