

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000000289</b>			
1. Entity Name <b>EL PEQUENO CAFE, INC.</b>			
Principal Place of Business <b>10124 N.W. 5TH TERRACE MIAMI FL 33172</b>		Mailing Address <b>10124 N.W. 5TH TERRACE MIAMI FL 33172</b>	
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



1st MOORE CR2E037 (10/06)

<b>6. Name and Address of Current Registered Agent</b>  <b>BRAGADO, REINALDO</b> <b>10124 N.W. 5TH TERRACE</b> <b>MIAMI FL 33172</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>PD</b> NAME <b>BRAGADO, REINALDO</b> STREET ADDRESS <b>10124 N.W. 5TH TERRACE</b> CITY-STATE-ZIP <b>MIAMI FL 33172</b>	<input type="checkbox"/> Delete	TITLE <b>NAMI</b> STREET ADDRESS <b>000000632193</b> CITY-STATE-ZIP <b>02/21/07-80012-008 61.25</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b> NAME <b>BECERRILL, LUIS E</b> STREET ADDRESS <b>9011 S.W. 60TH TERRACE</b> CITY-STATE-ZIP <b>MIAMI FL 33173</b>	<input type="checkbox"/> Delete	TITLE <b>NAME</b> STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b> NAME <b>ALFONSO, ALFONSO</b> STREET ADDRESS <b>5601 NW 7TH ST.</b> CITY-STATE-ZIP <b>MIAMI FL 33126</b>	<input type="checkbox"/> Delete	TITLE <b>NAMI</b> STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>NAME</b> STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE <b>NAME</b> STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>NAME</b> STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE <b>NAME</b> STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>NAME</b> STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE <b>NAME</b> STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Reinaldo Bragado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/07

(305) 825 3967