


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2005 8:00 am
Secretary of State

07-29-2005 90015 002 ***150.00

DOCUMENT # P00000039243		
1. Entity Name MAVY CAFETERIA INC.		

Principal Place of Business 3501 E. 10TH CT. HIALEAH, FL 33012	Mailing Address 3501 E. 10TH CT. HIALEAH, FL 33012
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50058649



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07182005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1002544		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, MIDELY 3501 EAST 10TH COURT HIALEAH, FL 33013-2915		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MIDELY 3501 EAST 10TH COURT HIALEAH, FL 330132915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASTRO, HIRAM 3501 EAST 10TH COURT HIALEAH, FL 330132915 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-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 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:  07-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
50058649

MAVY CAFETERIA CORP
3501 EAST 10 TH COURT
HIALEAH, FL 33013

JULY 18, 2005

DEPARMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FL

RE: Document # P00000039243

Gentlemen:

The reference of this letter is to advice the fact, that I am sending my Annual Report late due to I did not received the Anual Report Form.

I just find out that the 1st of May had to be paid to be on time, I am sorry for this ----- inconvenience, but for further years I promess, that this delay in fling my report not will happen--- to me again.

I appreciated your help in this matter, and accept my payment of \$150.00

Sincerely, yours,


MIDEL PEREZ, President
MAVY CAFETERIA, CORP