




**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000041371</b>			
1. Entity Name CAFETERIA PRESIDENTE, INC.			
Principal Place of Business 1895 S.W. 8TH STREET MIAMI, FL 33135		Mailing Address 1895 S.W. 8TH STREET MIAMI, FL 33135	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1002277	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  GUERRA, MARILYN 1985 S.W. 8TH STREET MIAMI, FL 33135		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	D		
NAME	GUERRA, MARILYN		
STREET ADDRESS	1985 S.W. 8TH STREET		
CITY-ST-ZIP	MIAMI, FL 33135		
TITLE	D		
NAME	GONZALEZ, RENE		
STREET ADDRESS	1985 S.W. 8TH STREET		
CITY-ST-ZIP	MIAMI, FL 33135		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		Marilyn Guerra 04-28-2006 (305) 442 1010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	