## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 29, 2008 08:00 AN Secretary of State **DOCUMENT # P00000076765** 1. Entity Name POLARIS CAFETERIA CORPORATION Principal Place of Business Mailing Address 1153 NW 22 AVENUE 1153 NW 22 AVENUE MIAMI, FL 33125 **MIAMI, FL 33125** 03282008 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0890812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGURCIA, YESLYN J DO NOT WRITE 1153 NW 22 AVENUE MIAMI, FL 33125 IN THIS SPACE 8. The above named writing supmits 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 obligation's øf registered agent. SIGNATURE. <u> UÜÜÜÜÜÜƏS Joone S</u> title if applicable (NOTE: Registered Agent signature required when reinstating) <del>US/22/08-80012-020-15**0.**60</del> 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME AGURCIA, YESLYN J STREET ADDRESS 1153 NW 22 AVENUE MIAMI, FL 33125 CRTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information surfalied 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 Feport 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 true-lee 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 eddress, with all other like empowered.

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SIGNATURE:

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

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #