


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000077091		
1. Entity Name PEPE'S LATIN CAFE, INC.		
Principal Place of Business 8013 CITRUS PARK CTR TAMPA, FL 33625	Mailing Address 4539 16TH ST N ST PETERSBURG, FL 33703	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KAYE, EILEEN 4539 16TH ST N SAINT PETERSBURG, FL 33703		DO NOT WRITE IN THIS SPACE
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 <u>Eileen Kaye President</u> DATE <u>3/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KAYE, EILEEN 4539 16TH ST N ST PETERSBURG, FL 33703	DO NOT WRITE IN THIS SPACE
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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: <u>Eileen Kaye</u> DATE <u>3/13/06</u> DAYTIME PHONE # <u>813 926-6533</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03122006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3665609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

100000512750
04/29/06-80105-002 150.00