

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90003 028 ***150.00

50063558



DOCUMENT # P00000080695 1. Entity Name TATI CAFETERIA, CORP.					
Principal Place of Business 5890 WEST 12TH AVENUE HIALEAH, FL 33012			Mailing Address 5890 WEST 12TH AVENUE HIALEAH, FL 33012		
2. Principal Place of Business 2725 West 3rd Court		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hialeah Florida		City & State 		4. FEI Number 65-1034464	
Zip 33010 Country U.S.A.		Zip Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, MIRIAM D 5890 WEST 12TH AVENUE HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 		
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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE JESUS LOPEZ, MIRIAM 5890 WEST 12TH AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOPEZ, JUAN C 5890 WEST 12TH AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Miriam Lopez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
8/26/05 (305) 362-9139 Date Daytime Phone					

ATTACHMENT

50063558

TATI CAFETERIA CORP
2525 West 3rd Court
Hialeah Florida 33010

August 5 of 2005.

DIVISION OF CORPORATIONS
- P O BOX 1500
Tallahassee Florida 32302-1500

Re.: Document #P00000080695

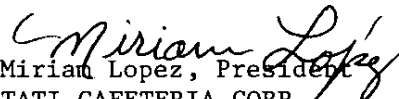
Dear Sir or Madam:

The reference of this letter is to advice the fact, that I am sending my Annual Report 2005 late due to I did not received the form by mail.

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 filing my report will not happen to me again.

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

Sincerely yours,


Miriam Lopez, President
TATI CAFETERIA CORP