
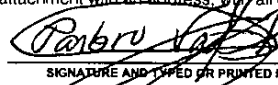


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90230 049 ***150.00

| | | | | | | |
|--|------------------------------------|---|---|--|-------------|----------------|
| DOCUMENT # P0000089888 | | | |  | | |
| 1. Entity Name MAMA DOLORES CAFETERIA, CORP. | | | | | | |
| Principal Place of Business 1100 ALIBABA AVENUE OPA LOCKA, FL 33054 | | Mailing Address 1100 ALIBABA AVENUE OPA LOCKA, FL 33054 | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1040900 <table border="1" style="float: right; margin-left: 10px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table> | Applied For | Not Applicable |
| Applied For | | | | | | |
| Not Applicable | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | 58.75 Additional Fee Required 05012006 Chg-P CR2E034 (11/05) | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| VALERA, PABLO 1100 ALIBABA AVENUE OPA LOCKA, FL 33054 | | | Name | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | City | | | |
| | | | FL | | | |
| 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. | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | VALERA, PABLO | NAME | | | | |
| STREET ADDRESS | 1100 ALIBABA AVENUE | STREET ADDRESS | | | | |
| CITY-ST-ZIP | OPA LOCKA, FL 33054 | CITY-ST-ZIP | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | NAME | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | NAME | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | NAME | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | NAME | | | | |
| STREET ADDRESS | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | 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:  | | Date: 04-29-06 | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | | | | |