


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000091520 1. Entity Name PIPO'S LATIN CAFE, INC.	
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Principal Place of Business 238 E DAVIS BLVD TAMPA, FL 33606	Mailing Address PO BOX 8052 MADEIRA BEACH, FL 33738
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DO NOT WRITE IN THIS SPACE

07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3672611	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GANTHER, JAMES S 101 EAST KENNEDY BLVD STE 1030 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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 _____

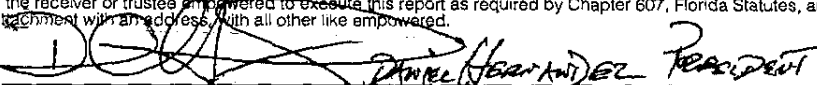
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERNANDEZ, DANIEL 120 BOSPHOROUS AVE TAMPA, FL 33606
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08/02/05-80005-002 150.00

DO NOT WRITE IN THIS SPACE

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:  **DANIEL HERNANDEZ President 7/11/5 813-846-7476**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # _____