2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P00000100685



FILED Jul 27, 2004 8:00 am **Secretary of State**

07-27-2004 90037 014 ***150.00 1. Entity Name LA LEONESA CAFETERIA INC. Principal Place of Business Mailing Address 1001 WEST FLAGLER STREET 1001 WEST FLAGLER STREET MIAMI, FL 33130 MIAMI, FL 33130 3. Mailing Address 2002 Suite. Apt. #, etc. Suite, Apt. #. etc 07202004 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 65-1068895 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALTAMIRANO, LELIS Street Address (P.O. Box Number is Not Acceptable) 2002 NW 3 ST. MIAMI, FL 33125 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 familia the obligations of registered agent, tamuain Offer (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition ALTAMIRANO, LELIS NAME NAME amiraro, Lelis 1001 WEST FLAGLER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33130 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PEREZ, OVIDIO J NAME 1001 WEST FLAGLER STREET STREET ADDRESS STREET ADDRESS City-St-7IP MIAMI, FL 33130 CITY-ST-7IP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 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 AND TYPED OR PR

Attachment 54065037

AFFIDAVIT WITH JURAT

Date: July 20, 2004

RE: DOCUMENT # P00000100685

State of Florida County of Miami-Dade

The purpose of this letter is to acknowledge that I, Lelis Altamirano, President of LA LEONESA CAFETERIA INC. located at 1001 West Flagler Street in Miami, Florida 33130, and properly identified declare under oath declare that:

> I mailed the Uniform Business Report with a check for \$150 which never cleared my bank. For this reason I ask that you accept a duplicate check in the amount of \$150. If there are any inquiries please contact my Accountant JANET VASALLO at your convenience (305) 643-2482.

Hetamiawd poe Affiant's Signature

NOTARY PUBLIC

JANET VASALLO Votary Public - State of Florida My Commission Expires Jun 25, 2007 Commission # DD208381 Bonded By National Notary Assn.