

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000104136		
1. Entity Name CAFE ALACRAN, INC.		
Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI, FL 33145		Mailing Address 2300 CORAL WAY SUITE 200 MIAMI, FL 33145
DO NOT WRITE IN THIS SPACE		
		02072004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-1053285		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		
FLORIDA ANNUAL REPORT SERVICES, INC. 2300 CORAL WAY SUITE 200 MIAMI, FL 33145		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  <small>Signature typed or printed name of registered agent and title if applicable</small>		AMADA CARRERA LOPEZ 3/15/04 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PSTD FERRER, MIRIAM E 1944 SW 16TH TERRACE MIAMI, FL 33145	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 exemption stated in Section 19.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/15/04 305) 8560076 <small>Date Daytime Phone #</small>

MIRIAM E FERRER