

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90005 035 \*\*\*150.00

**DOCUMENT # P01000011033**

1. Entity Name  
CAFE D'PLA, INC.



Principal Place of Business

Mailing Address

~~3020 N.W. 7TH STREET~~  
~~MIAMI, FL 33125~~

~~3020 N.W. 7TH STREET~~  
~~MIAMI, FL 33125~~

**8700 W. FLAGLER ST. #115**  
**MIAMI, FL 33174**

94004100



**DO NOT WRITE IN THIS SPACE**

01132004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1074660**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PLA, JOSE  
~~3020 N.W. 7TH STREET~~  
~~MIAMI, FL 33125~~

**8700 W. FLAGLER ST**  
**#115**  
**MIAMI, FL 33174**

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PLA, JOSE
STREET ADDRESS	<del>3020 N.W. 7TH STREET</del> <b>10364 SW 2 ST</b>
CITY - ST - ZIP	<del>MIAMI, FL 33125</del> <b>33174</b>
TITLE	STD
NAME	PLA, LUCIA
STREET ADDRESS	<del>3020 N.W. 7TH STREET</del> <b>10364 SW 2 ST</b>
CITY - ST - ZIP	<del>MIAMI, FL 33125</del> <b>33174</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSE PLA**

**1/13/04 905-573-468**

Date

Daytime Phone #

*Attachment*  
*DP#PO1000011033*

001/001

LH

Internal  
Revenue  
Service**Employer Identification  
Number (EIN) Cover Sheet**

Date

January 15, 2004

No. of pages (including  
this one)

Brookhaven IRS Campus - EIN Department

FAX: 1-631-447-8960

Phone: 1-800-829-4933

To

FRANK MANIS PRES

From

Tax Examiner

Team

FAX

561-394-6007

Phone

**ATTENTION**

Name of Entity

A &amp; F INVESTMENT REALTY CORP

EIN

65-0998843

Name of Entity

EIN

Name of Entity

EIN



Please see the following letter regarding missing or incorrect information on your Form SS-4, Application for a Federal Employer Identification Number (EIN).

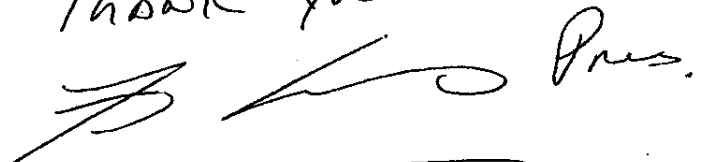
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Attachment  
# PD1000011033 1/16/04

ENCLOSED IS MY ANNUAL Report  
for MY CORPORATION, ALSO ENCLOSED IS A  
Letter of Proof That my (EIN) # Number  
IS INCORRECT ON MY ANNUAL Report Form,  
The CORRECT number is (65-0998843)

ALSO ENCLOSED IS A check for (\$150.00)  
ONE Hundred + Fifty Dollars,

Thank you

 Pres.

FRANK MANIS Pres.

211 S.W. 2ND ST.

Fort Lauderdale, FL

33301

(561) 212-3063