

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000011033

1. Entity Name
CAFE D'PLA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 21 AM 9:23

Principal Place of Business
8700 W. FLAGLER ST., #115
MIAMI, FL 33174

Mailing Address
8700 W. FLAGLER ST., #115
MIAMI, FL 33174

01/19/07 90033 028 \$150.00

DO NOT WRITE IN THIS SPACE

02102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1074660	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PLA, JOSE
8700 W. FLAGLER ST., #115
MIAMI, FL 33174

**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 _____

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, 2007 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	10364 SW 2 ST
CITY-ST-ZIP	MIAMI, FL 33174

TITLE	STD
NAME	PLA, LUCIA
STREET ADDRESS	10364 SW 2 ST
CITY-ST-ZIP	MIAMI, FL 33174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/19/07

Daytime Phone # _____