


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000018039 1. Entity Name DAREBECAFE INVESTMENT CORP.	
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Principal Place of Business 3380 S. MILITARY TRAIL LAKE WORTH, FL 33463	Mailing Address 3380 S. MILITARY TRAIL LAKE WORTH, FL 33463
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DO NOT WRITE IN THIS SPACE



01062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1083510	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GIL, RENE 3380 S. MILITARY TRAIL LAKE WORTH, FL 33463

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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIL, CARLOS ALBERTO 3380 S. MILITARY TRAIL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIL, RENE 3380 S. MILITARY TRAIL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIL, BEATRIZ E 3380 S. MILITARY TRL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIL, DAVID 3380 S. MILITARY TRL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIL, CARLOS 3380 S. MILITARY TRL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIL, FELIPE 3380 S. MILITARY TRL LAKE WORTH, FL 33463

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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: Carlos Gil **01/06/07** **5614344149**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #