


**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90052 021 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

80114785

<b>DOCUMENT # P01000073742</b>																																									
<b>1. Entity Name</b> LA MILAGROSA CAFE, CORP.																																									
<b>Principal Place of Business</b> 4080 EAST 4TH AVENUE HIALEAH, FL 33013			<b>Mailing Address</b> 4080 EAST 4TH AVENUE HIALEAH, FL 33013																																						
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>																																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																						
City & State			City & State																																						
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1123821																																					
				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES																																					
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																					
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																									
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																																						
MODESTO, CERUTO 62 WEST 42ND STREET HIALEAH, FL 33012			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																						
<b>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.</b>																																									
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when necessary) DATE</small>																																									
<b>FILE NOW!!! FEE IS \$160.00</b> After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State																																									
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																									
<b>10. OFFICERS AND DIRECTORS</b>																																									
<table border="1"><thead><tr><th>TITLE</th><th>NAME</th><th>STREET ADDRESS</th><th>CITY-ST-ZIP</th><th><input type="checkbox"/> Delete</th></tr></thead><tbody><tr><td></td><td>V CERUTO, MODESTO</td><td>4120 WEST 10TH AVE.</td><td>HIALEAH, FL 33013</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/> Delete</td></tr><tr><td></td><td></td><td></td><td></td><td><input type="checkbox"/> Delete</td></tr></tbody></table>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete		V CERUTO, MODESTO	4120 WEST 10TH AVE.	HIALEAH, FL 33013						<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete					<input type="checkbox"/> Delete	
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<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																																									
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<b>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, and am empowered to execute this report as required by Chapter 507, 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.</b>																																									
<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									

CR2E034 (10/02)