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Secretary of State

01-24-2005 90040 024 ***150.00

66002643

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000096466

1. Entity Name
DENNY'S CAFE, INC.

Principal Place of Business
11890 S.W. 8TH ST., PH-6
MIAMI, FL 33184
99610 O/S Hwy P.O. BOX 861
K. L FLA 33037

Mailing Address
11890 S.W. 8TH ST., PH-6
MIAMI, FL 33184
99610 - O/S Hwy
P.O. BOX 861
K. L FLA 33037

01122005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-1145221
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FORS, LUIS A
11890 S.W. 8TH ST., PH-6
MIAMI, FL 33184
ARNALDO DIAZ
P.O. BOX 861
99610 O/S Hwy K. L. FLA 33037
KEY LARGO FLA 33037

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 _____ ARNALDO DIAZ 1-17-05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIAZ, ARNALDO
STREET ADDRESS	99610 OVERSEAS HWY. P.O. BOX 861
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	D
NAME	DIAZ, GILDA
STREET ADDRESS	99610 OVERSEAS HWY. P.O. BOX 861
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: ARNALDO DIAZ 1-17-05 305 467-2667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #