
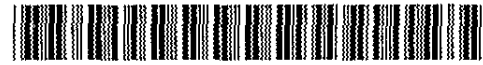


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000008159		
1. Entity Name LA CUEVITA CAFETERIA CORPORATION		
Principal Place of Business 25 S.W. 18TH AVENUE MIAMI, FL 33135	Mailing Address 25 S.W. 18TH AVENUE MIAMI, FL 33135	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN CARLOS 25 S.W. 18TH AVENUE MIAMI, FL 33135		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: <u>Juan Carlos Rodriguez</u> (NOTE: Registered Agent signature required when retreating) Signature, typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		04/19/04-80129-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JUAN CARLOS 25 S.W. 18TH AVENUE MIAMI, FL 33135	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALVAREZ, ALMA IRIS 25 S.W. 18TH AVENUE MIAMI, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Alma Iris Alvarez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4-13-04</u> Daytime Phone #



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3608047	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	