## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90308 026 \*\*\*150.00

OCUMENT # P02000013164	
Entity Name	
AMANACO CAFE CORP	

Т Principal Place of Business Mailing Address 94049625 **7451 SW 8 STREET 7451 SW 8 STREET** MIAMI, FL 33144 MIAMI, FL 33144 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03122004 CB2E034 (10/03) Chg-P Applied For 4. FEI Number City & State City & State 04-3596699 Not Applicable Zip Country Zip Country \$8.75 Additional 6:-Certificate of Status Desired-Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VARGAS, MIGUEL Street Address (P.O. Box Number is Not Acceptable) **7451 SW 8 STREET** MIAMI, FL 33144 Zip Code 8. The above named entity subgrits 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 register 2004 DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. D ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME VARGAS, MIGUEL NAME STREET ADDRESS **7451 SW 8 STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33144 ☐ Delete TITLE Change ☐ Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP

12. Thereby certify that the information supplied with this filling 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 empower

1900 SIGNATURE AND TYPED OR PRINTED NAME OF