2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

DOCUMENT # P02000017113 1. Entity Name

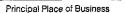
LAS DELICIAS CAFE, INC.

Principal Place of Business 8851 NW 153 TERRACE

MIAMI LAKES, FL 33016



FILED Apr 27, 2006 08:00 AN Secretary of State



15462 NW 77 CT.

Mailing Address

MIAMI, FL 33018



04112006

No Chg-P

CR2E034 (11/05)

4. FEI Number 03-0389204

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

786-262-365

06

5.	Name	and	Address	of Current	Registered	Agent

IGLESIAS, ZELMA 8851 NW 153 TERRACE MIAMI, FL 33018

SIGNATURE:

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		- ·					
	named entity submits this statement for the plans of registered agent.	surpose of changing its reg	gistered office or re	gistered agent, or bot	h, in the State of Florida. I am familiar with, and accept		
SIGNATURE_		<u> </u>					
	Signature, typed or printed name of registered egent and title	fappircable (NOTE Re	egistered Agent signature i	equired when reinstating)	DATE		
	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	OTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IGLESIAS, ZELMA 8851 NW 153 TER MIAMI, FL 33018						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					UQQQQQ539807 OS/O3/O6-80116-005 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 1	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied enter the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of trusted 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 ptrier like empowered.							

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR