## 2005 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT (AR) Apr 25, 2005 08:00 AM DOCUMENT # P02000019194 **Secretary of State** 1. Entity Name QUICK STOP CAFE, INC. Principal Place of Business Mailing Address 310 WEST 63RD STREET 310 WEST 63RD STREET HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 23-0996777 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GONZALEZ, MARISEL Street Address (P.O. Box Number is Not Acceptable) 310 WEST 63RD STREET HIALEAH FL 33012 Zip Code City 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 DATE Signature, typed or pinted name of registered agent and title & applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition Delete HILE TITLE GONZALEZ, MARISEL MANE NAME 310 WEST 63RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-21P HIALEAH FL 33012 CHY-51-ZIP Change ☐ Addition ☐ Delete IIILE TITLE RIVERO, ROLANDO NAME U00000329467 310 WEST 63RD STREET STREET ADDRESS STREET ADDRESS 04/25/05-80116-020 150.00 CITY-ST-ZIF HIALEAH FL 33012 CITY-ST-7IP Change Addition HILE ☐ Delete HILE NAME Ard h.AF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition ☐ Delete IITLE THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete HILL TIFLE NAME NAME STREET APPORESS STREET ADDRESS CITY-ST-ZIP CITY ST- 7IP Change Addition ☐ Delete Hitte MILE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 eath, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

MAN

IFREET ADDRESS

CITY ST-ZIP