2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054427

Address:

City-St-Zip:

6800 S.W. 196 AVE.

PEMBROKE PINES, FL 33332

intity Name: ANTOJITOS COLOMBIANOS, INC

FILED Aug 01, 2006 Secretary of State

Entity Nan	ne: ANTOJITOS	COLOMBIANOS, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
6800 S.W. PEMBROK	196 AVE. E PINES, FL 3333	32			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
6800 S.W. PEMBROK	196 AVE. E PINES, FL 3333	32			
FEI Number:	04-3669557 FE	I Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
NEIRA, MIGUEL W 6800 S.W. 196 AVE. PEMBROKE PINES, FL 33332 US			NEIRA, MIGUEL A 6800 S.W. 196 AVE. PEMBROKE PINES,		
The above in the State		nits this statement for the pu	urpose of changing its register	red office or registered agent, or both,	
SIGNATURE: MIGUEL A NEIRA				08/01/2006	
	Electronic S	gnature of Registered Age	nt	Date	
	, ,,	o), F.S., the corporation did not st Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Dele NEIRA BOTERO, JE 6800 S.W. 196 AVE. PEMBROKE PINES,	SUS A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () Dele NEIRA BOTERO, MIG 6800 S.W. 196 AVE. PEMBROKE PINES,	CHAEL A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	ST () Dele	te	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JESUS A NEIRA P 08/01/2006