

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only  
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APPROVED  
AND  
FILED

07 DEC 10 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012-14-07

CR2E034B (5/07)

DOCUMENT # P02000075028

1. Entity Name *SPYRO Cafe INC*



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2. Principal Place of Business - No P.O. Box #

*7941 Biscayne Blvd*

3. Mailing Address

*826 NE 92 St*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Miami*

City & State  
*Miami Shores*

4. FEI Number

*043701053*

Applied For

Not Applicable

Zip  
*FL 33138*

Country  
*USA*

Zip  
*FL 33138*

Country  
*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name *Maria A. Hernandez*

Street Address (P.O. Box Number is Not Acceptable)

*826 NE 92 St*

City  
*Miami Shores*

FL

Zip Code  
*33138*

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Maria A. Hernandez 826 NE 92 St, Miami Shores FL 33138</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12/04/07* (305) 793-1396  
Date Daytime Phone #