

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000077598

1. Entity Name
PALM LAKES CAFE, INC.



Principal Place of Business
16504 NW 49 AVE
HIALEAH, FL 33014

Mailing Address
5700 NW 48 AVE
COCONUT CREEK, FL 33073

2. Principal Place of Business

3. Mailing Address
4201 N.W. 192 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09252006 Chg-P CR2E034 (11/05)

City & State

City & State
OPALOCKA, FLORIDA

4. FEI Number
22-3867656

Applied For
Not Applicable

Zip

Country

Zip
33055

Country
U.S.A.

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, DAVID T P.A.
7590 NW 186 ST., #206
MIAMI, FL 33015

7. Name and Address of New Registered Agent

Name
AURA ESPINOSA
Street Address (P.O. Box Number is Not Acceptable)
4201 N.W. 192 ST.
City
OPALOCKA FL Zip Code
33055

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 *Aura Espinosa* AURA ESPINOSA D/P/S 9-7-2006
(NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME SOTO, CESAR
STREET ADDRESS 16504 NW 49 AVE
CITY-ST-ZIP HIALEAH, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/P/S ☐ Change ☒ Addition
NAME AURA ESPINOSA
STREET ADDRESS 4201 N.W. 192 St.
CITY-ST-ZIP OPALOCKA, FL 33055

TITLE V/T ☐ Change ☒ Addition
NAME FELIX ESPINOSA
STREET ADDRESS 4201 N.W. 192 St.
CITY-ST-ZIP OPALOCKA, FL 33055

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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.

SIGNATURE: *Aura Espinosa* AURA ESPINOSA D/P/S 9-7-2006 305-621-7117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2006 OCT -9 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

