## 2006 FOR PROFIT

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED	
May 01, 2006	8:00 am
Secretary of	State

954-517-1127

Daytime Phone #

1. Entity Nam	DOCUMENT # P03000033698 . Entity Name				05-01-2006 90478 014 ***150.00			
Bodegoi	n del Chef	Corp.						
	DO NOT	TWRITE IN THIS SPA	CE		. 500.	17687		
	Place of Business .W. 46th Start, etc.	3. Mailing Address t. 7300 N.W. Suite, Apt. #, etc Suite 101	<u>19th</u>	St.	DO NOT WRITE IN THIS SPA	ACE		
City & Stat	• FL	City & State Miami, FI			4. FEI Number 14-1876965	Applied For Not Applicable		
Zip	Country	Zip	Country	f	5 Certificate of Status Desired S	3.75 Additional		
33100-3	5460 USA	33126-122 TE IN THIS SPACE	22 USA		7. Name and Address of Current Registered A	e Required		
DO NOT WRITE IN THIS SPACE			Name del Va	lle, Manuel R. s (P.O. Box Number is Not Acceptable)	gan.			
				Suite :				
				city Miami	FL   <sup>†</sup>	Zip Code 33126		
	named entity submits t t the obligations of regis		nanging its reg	istered office or	registered agent, or both, in the State of Florida.	am familiar with,		
SIGNATURE	,		<del></del>					
	Signature, typed or printed	name of registered agent and title if app	olicable. (N	IOTE: Registered A	Agent signature required when reinstating)	DATE		
	After May 1, Fee is \$50							
Make Check	Amended UBR is \$61	1.25			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
Make Check 10.	Amended UBR is \$61 Payable to Florida De	1.25						
TITLE	Amended UBR is \$61 Payable to Florida De OFFK D/P/S/T	1.25 partment of State CERS AND DIRECTORS	TILLE					
10.	Amended UBR is \$61 Payable to Florida De OFFK D/P/S/T Garavito,	partment of State CERS AND DIRECTORS  Ramon	NAME	ET ADDRESS				
10. TITLE NAME	Amended UBR is \$61 Payable to Florida De OFFK D/P/S/T	partment of State CERS AND DIRECTORS  Ramon 46th St.	name Strei					
10. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	Amended UBR is \$5 Payable to Florida De OFFK D/P/S/T Garavito, 7754 N.W.	partment of State CERS AND DIRECTORS  Ramon 46th St.	NAME STREI CITY TITLE	ET ADDRESS ST - ZIP				
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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 of the receiver of 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 a address with an officer or director of the corporation of the receiver of trustee empowered.

SUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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