

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90276 003 \*\*\*150.00

<b>DOCUMENT # P03000035063</b>					
<b>1. Entity Name</b> CAFE RICO, INC					
<b>Principal Place of Business</b> 9333 NW 12TH ST MIAMI, FL 33172			<b>Mailing Address</b> 9333 NW 12TH ST MIAMI, FL 33172		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 54-2107569	
Zip		Country		Zip	
City		State		Zip	
<b>6. Name and Address of Current Registered Agent</b>  SARMIENTO, JUAN M 9333 NW 12TH ST MIAMI, FL 33172				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City State <b>FL</b> Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)</small>					
<b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<b>PD</b> SARMIENTO, JUAN M 9333 NW 12TH ST MIAMI, FL 33172	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<b>SD</b> RODRIGUEZ, EIDA 9333 NW 12TH ST MIAMI, FL 33172	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-STATE-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 persons empowered.</b>					
<b>SIGNATURE:</b> <i>Eida E. Jaseen</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

20046636



04182005 Chg-P CR2E034 (10/03)

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

**Applied For**  
**Not Applicable**

**6. Name and Address of Current Registered Agent**  
  
 SARMIENTO, JUAN M  
 9333 NW 12TH ST  
 MIAMI, FL 33172

**7. Name and Address of New Registered Agent**  
  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 State **FL** Zip Code

**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** \_\_\_\_\_

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

**PD**  
SARMIENTO, JUAN M  
9333 NW 12TH ST  
MIAMI, FL 33172

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

**SD**  
RODRIGUEZ, EIDA  
9333 NW 12TH ST  
MIAMI, FL 33172

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

☐ Delete

**TITLE**  
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**STREET ADDRESS**  
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**TITLE**  
**NAME**  
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☐ Delete

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**SIGNATURE:** *Eida E. Jaseen*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_