2008 FOR PROFIT CORPORATION

FILED Apr 25, 2008 8:00 am Secretary of State

ANNUAL REPORT	1,
OCUMENT # DOSOOOSEOGS	

		ANNU	AL KI	EPORI					Sccicu	агу о	ı Sı	acc
DOCUMENT # P03000035063 1. Entity Name CAFE RICO, INC								04-25-2008	90125 01	6 ***15	0.00	
Principal Plac	a of Busines		h.do	ilina Addrosa		1.		43,0	00 -			
Principal Place of Business Mailing Address 9333 NW 12TH ST 9333 NW 12TH ST												
MIAMI, FL 3				333 NW 12TH ST IAMI, FL 33172								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.0.72		141	IAM, 11 33172) 60 10 6 6		
2. Principal Place of Business - No P.O. Box # 3.				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04112008	Chg-P	CR2E03	4 (12/06)	
City & State			C	City & State				4. FEI Numb 54-210			1	oplied For ot Applicable
Zip	Country		Z	Zip	Cour	itry		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
	6. Name	and Address of Cu	ment Regist	tered Agent				7. Name and	Address of New F	Registered A	gent	
CADLACA	TO 111444	M				Name						
SARMIEN 9333 NW MIAMI, FL	12TH ST	M				Street Ad	dress (P.O. Box Numb	er is Not Acceptable	e)		
						City				FL	Zip Cod	e
8. The above	named entit	y eubmits this eratem	nent for the p	urpose of changing its	s register	ed office or r	egister	red agent, or bo	th, in the State of Flo	orida. I am la	miliar with.	and accept
i i e obliga	tions of regist	ered agent.	_=									ļ
SIGNATURE.	X											
<u>, </u>	Signature, typed	or printed name of registere	d agent and little if	applicable. (NO	TE: Registere	d Agent signature	e required	d when reinstating)		DATE		
,^ FIL	E NOWIII:	FEE IS \$150.0		9. Election Campa	aign Finar	ncing	\$ 5.	.00 May Be				
After M	ay 1, 200	B:Fee will be \$	550.00	Trust Fund Con	tribution.			ed to Fees				
10.		OFFICERS	AND DIREC	TORS	11.		• •	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	PD	***		☐ Delete	THTL		. •	TIBBITION O,	0104102010011		☐ Change	☐ Addition
NAME	SARMIEN	ITO, JUAN M		_ 50.000	NAM		4				oge	
STREET ADDRESS	9333 NW	12TH ST			STRE	EET ADDRESS						
CITY-ST-ZIP	MIAMI, FL	33172			CITY	-ST-ZIP						
TITLE	SD			☐ Delete	TITL	E					Change	Addition
NAME	1	JEZ, EIDA			NAM	E						
STREET ADDRESS	9333 NW					ET ADDRESS						i
CITY-ST-ZIP	MIAMI, FL	33172	 ,		CITY	-ST-ZIP						
TITLE				☐ Delete	fift						Change	Addition
NAME STREET ADDRESS					NAM	ET ADDRESS						
CITY-ST-ZIP						-ST-ZIP		=				^ ~
TITLE	1			☐ Delete	TITLE						Change	Addition
NAME				C Descie	NAM	į.						□ MODITION
STREET ADDRESS						ET ADORESS						ļ
CITY-ST-ZIP					CETY	-ST-ZIP						
TITLE				☐ Delete	TITLE						Change	☐ Addition
NAME					NAM							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS						
						-ST-ZIP						
TITLE NAME				☐ Delete	TITLE					l	☐ Change	Addition
STREET ADDRESS					NAM	_						
CITY-ST-ZIP						ET ADDRESS - ST-ZIP						
12. I hereby c	certify that the	e information supplie	d with this fill	ing does not qualify fo			atois = =	in Charter 110	Clasida Cras ta di	Later 19	ale e constitución	
indicated	on this repor	t or supplemental re	port is true at	nd accurate and that in to execute this report other like empowered	my signat	ure shall hav	ve the s	same legal effec	, Fiorida Statutes. I t as if made under (oath; that I am	inat the in an officer	or director
changed,	or on an atta	enment with an add	ress, with all	other like empowered	as requii İ.	red by Chapt	ter 607	, riorida Statute	s; and that my nam	e appears in l	Block 10 or	Block 11 if
	`											

Date

Daytime Phone #