04-22-2005 90299 006 ***150.00
P03000094247

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000094247

1. Entity Name
BO DEGUITAS CUBANAS, INC.
* Bodeguitas Cubanas Inc.

FILED
05 MAY -2 PM 12:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA
Bodeguitas. 50042228

Principal Place of Business	Mailing Address
5477 N W 72 AVE MIAMI, FL 33166	5477 N W 72 AVE MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-1030113
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORIEGA, MELVIN J
9860 S W 12 TERR
MIAMI, FL 33174

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NORIEGA, MELVIN J
STREET ADDRESS	% 5477 N W 72 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	VTS
NAME	NORIEGO, MELVIN F → Noriega
STREET ADDRESS	5477 N W 72 AVE
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

4/5/16

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 like empowered.

SIGNATURE: Mel J. Mz 4/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #