

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90085 016 ***150.00

DOCUMENT # P03000095866

1. Entity Name
DOÑA GOYA - CUBAN CAFETERIA, INC.



Principal Place of Business
**522 JOEL BLVD
UNIT A
LEHIGH ACRES, FL 33972**

Mailing Address
**129 E. LAKE DR
LEHIGH ACRES, FL 33936**

30033185



2. Principal Place of Business

3. Mailing Address

522 JOEL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT A

03302005

Chg-P

CR2E034 (10/03)

City & State

City & State

LEHIGH ACRES, FL

4. FEI Number

20-0191456

Applied For

Not Applicable

Zip

Country

Zip

33972

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOSA, CARMEN D
129 E. LAKE DR
LEHIGH ACRES, FL 33936**

Name **LIEN VILA**

Street Address (P.O. Box Number is Not Acceptable)

719 SHADYSIDE STREET

City **LEHIGH ACRES**

FL

Zip Code
33936

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/30/05

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTS
SOSA, CARMEN D
129 E. LAKE DR
LEHIGH ACRES, FL 33936** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
IDARMA, SAUCHEZ
520 PARKSIDE STREET
LEHIGH ACRES, FL 33936** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE - PRESIDENT
LIEN VILA
719 SHADYSIDE STREET
LEHIGH ACRES, FL 33936** ☐ Change ☒ Addition

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

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

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

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/05

Date

Daytime Phone #