

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000096716

1. Entity Name

HIALEAH CAFETERIA, INC.



FILED

04 NOV.-8 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

4545 NW 7 ST STE 12  
MIAMI FL 33126

Mailing Address

4545 NW 7 ST STE 12  
MIAMI FL 33126

2. Principal Place of Business

3001 W 12 Ave

3. Mailing Address

Same/3001 W 12 Ave



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

#9

Suite, Apt. #, etc.

#9

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33012

Country

Zip

33012

Country

4. FFI Number

20-0206288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHALA, ARAYMA  
4425 SW 160 AVE APT 109  
MIRAMAR FL 33027

7. Name and Address of New Registered Agent

Name: Ornel Valdes  
Street Address: 3001 West 12 Ave  
City: Hialeah State: FL Zip: 33012

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CHALA, ARAYMA	
STREET ADDRESS	4425 SW 106 AVE APT 109	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LORENZO, EMERY M	
STREET ADDRESS	4425 SW 106 AVE APT 109	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CHALA, ARAYMA	
STREET ADDRESS	4425 SW 160 AVE APT 109	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LORENZO, EMERY	
STREET ADDRESS	4425 SW 160 AVE APT 109	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ornel Valdes	
STREET ADDRESS	3001 West 12 Ave #6	
CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/04 (305) 828 7007