

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90026 017 ***150.00

DOCUMENT # P04000005972

1. Entity Name
TRAFFIC CAFE, INC.



Principal Place of Business
**206 NE 8TH STREET
HOMESTEAD, FL 33030**

Mailing Address
**206 NE 8TH STREET
HOMESTEAD, FL 33030**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1577485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROS, MARIA V
3760 S.W. 82ND AVE
MIAMI, FL 33155**

**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

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

(NOTE: Registered Agent signature required when renewing)

03-30-06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PORRASPIA, MANUEL A
STREET ADDRESS	805 N. FRANKLIN AVE., APT D
CITY - ST - ZIP	HOMESTEAD, FL 33034
TITLE	VTD
NAME	CAMACHO, TOMAS
STREET ADDRESS	2271 NW 2 STREET
CITY - ST - ZIP	MIAMI, FL 33125
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**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

05/09/06

Date

Deputy Phone #