

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000026052

1. Entity Name  
BUEN GUSTO CAFETERIA INC.



**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90294 037 \*\*\*150.00

Principal Place of Business

2007-2009 W 62 ST  
HIALEAH, FL 33012

Mailing Address

2007-2009 W 62 ST  
HIALEAH, FL 33012

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



03012005

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0723093

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, MAXIMO A  
3995 TREE TOPS RD  
COOPER CITY, FL 33026

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 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 SANTIAGO, MAXIMO A  
STREET ADDRESS 3995 TREE TOPS RD  
CITY-ST-ZIP COOPER CITY, FL 33026



TITLE SD  
NAME SANTIAGO, MARY E  
STREET ADDRESS 3995 TREE TOPS RD  
CITY-ST-ZIP COOPER CITY, FL 33026



TITLE VD  
NAME SANTIAGO, RAMIRO  
STREET ADDRESS 125 AVENUE D, APT. 2-W  
CITY-ST-ZIP NEW YORK, NY 10009



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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:

*Mary E. Santiago* Mary E. Santiago

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05 (305) 698-2858

Date Daytime Phone #