

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90248 045 ***150.00

DOCUMENT # P04000026052					
1. Entity Name BUEN GUSTO CAFETERIA INC.					
Principal Place of Business 2007-2009 W 62 ST HIALEAH, FL 33012		Mailing Address 2007-2009 W 62 ST HIALEAH, FL 33012		JUU10JJJ 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02232006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 20-0723093	
Applied For		Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SANTIAGO, MAXIMO A. 3995 TREE TOPS RD COOPER CITY, FL 33026			Name <u>Ramiro Santiago</u> Street Address (P.O. Box Number is Not Acceptable) <u>7280 Sterling Road #110</u> City <u>Hollywood</u> FL Zip Code <u>33024</u>		
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 <u>Ramiro Santiago</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE <u>3/28/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, MAXIMO A		NAME		
STREET ADDRESS	3995 TREE TOPS RD		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, MARY E		NAME		
STREET ADDRESS	3995 TREE TOPS RD		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY, FL 33026		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, RAMIRO		NAME	Ramiro Santiago	
STREET ADDRESS	125 AVENUE D, APT. 2-W		STREET ADDRESS	7280 Sterling Road #110	
CITY-ST-ZIP	NEW YORK, NY 10009		CITY-ST-ZIP	Hollywood, FL 33024	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Ramiro Santiago</u>			DATE: <u>3/28/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		