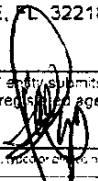
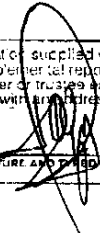


FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90203 041 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000065752			
1. Entity Name SOL CUBAN CAFE, INC			
Principal Place of Business 1440-34 DUNN AVE JACKSONVILLE, FL 32218 US		Mailing Address 12867 HAVERFORD RD 8 JACKSONVILLE, FL 32218 US	
2. Principal Place of Business 1440-34 Dunn Ave Suite, Apt. #, etc. Jacksonville #1 City & State 32218 Duval Zip Country		3. Mailing Address 1014 Player Rd Suite, Apt. #, etc. Jacksonville #1 City & State 32218 Duval Zip Country	
4. FEI Number 20-1050762		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELAZQUEZ, LUIS C 12867 HAVERFORD RD 8 JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent Name Velazquez, Luis Carlos Street Address (P.O. Box Number is Not Acceptable) 1014 Player Rd City Jacksonville FL Zip Code 32218	
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, Print or other name of registered agent and state if applicable.		DATE 4-24-06 (NOTE: Registered Agent signature required when withdrawing)	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P VELAZQUEZ, LUIS C 12867 HAVERFORD RD #8 JACKSONVILLE, FL 32218 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Velazquez, Luis Carlos (P) ☒ Change ☐ Addition 1014 Player Rd Jacksonville FL 32218
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP CASTILLO, ISOLINA C 12867 HAVERFORD RD #8 JACKSONVILLE, FL 32218 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CASTILLO, Isolina C (VP) ☒ Change ☐ Addition 1014 Player Rd Jacksonville FL 32218
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4-24-06 Daytime Phone	

696-6055