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

40063784

Principal Place of Business	Mailing Address
1440-34 DUNN AVE JACKSONVILLE, FL 32218 US	12867 HAVERFORD RD 8 JACKSONVILLE, FL 32218 US

2. Principal Place of Business	3. Mailing Address
1440-34 Dunn Ave	1014 Player Rd
Suite, Apt. #, etc. Jacksonville Fl	Suite, Apt. #, etc. Jacksonville Fl
City & State 32218 Duval	City & State 32218 Duval
Zip / Country	Zip / Country

04242006 Chg-P CR2E034 (11/05)

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	7. Name and Address of New Registered Agent
VELAZQUEZ, LUIS C 12867 HAVERFORD RD 8 JACKSONVILLE, FL 32218	Name: Velazquez, Luis Carlos Street Address (P.O. Box Number is Not Acceptable): 1014 Player Rd Jacksonville Fl 32218 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 _____ 4-24-06
Signature, required if changing name of registered agent and dated, if applicable. (NOTE: Registered Agent signature required when reinstating.) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VELAZQUEZ, LUIS C 12867 HAVERFORD RD #8 JACKSONVILLE, FL 32218	☐ Delete	Velazquez, Luis Carlos (P) 1014 Player Rd Jacksonville Fl 32218	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CASTILLO, ISOLINA C 12867 HAVERFORD RD #8 JACKSONVILLE, FL 32218	☐ Delete	CASTILLO, Isolina C (VP) 1014 Player Rd Jacksonville Fl 32218	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 4-24-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

698-6695