

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068114

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CACIQUE RESTAURANTS, INC

## Current Principal Place of Business:

5305 EHRLICH RD  
TAMPA, FL 33625

## New Principal Place of Business:

## Current Mailing Address:

15534 LAKE BELLA VISTA DRIVE  
TAMPA, FL 33625

## New Mailing Address:

FEI Number: 52-2443939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ ACOSTA, EDUARDO J  
15534 LAKE BELLA VISTA DRIVE  
TAMPA, FL 33625 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: GONZALEZ ACOSTA, EDUARDO J  
Address: 15534 LAKE BELLA VISTA DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: VSD ( ) Delete  
Name: CERCET, DAMARIS  
Address: 15534 LAKE BELLA VISTA DRIVE  
City-St-Zip: TAMPA, FL 33625

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAMARIS CERCET

VSD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date