


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90027 011 ***150.00

DOCUMENT # P04000106194	
1. Entity Name THREE ISLANDS LATIN CAFE INC.	

Principal Place of Business 1304 NORTH CHURCH AVE MULBERRY FL 33860	Mailing Address 1304 NORTH CHURCH AVE MULBERRY FL 33860
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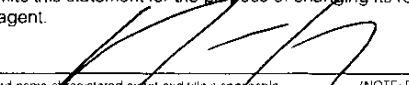
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 333 MARKET SQUARE EAST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State LAKELAND FLA	4. FEI Number 20-1376462	Applied For <input type="checkbox"/> Not Applicable
Zip 33813	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOPEZ, ANGELA 3520 CLEVELAND HSTS BLVD #130 LAKELAND FL 33803	
7. Name and Address of New Registered Agent Name ANGELA LOPEZ Street Address (P.O. Box Number is Not Acceptable) 333 MARKET SQUARE EAST City LAKELAND FL Zip Code 33813	

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  (NOTE: Registered Agent signature required when re-registering) DATE **4/30/07**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPEZ, ANGELA 3520 CLEVELAND HSTS BLVD #130 LAKELAND FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VILLAMIZAR, DIANA C 3520 CLEVELAND HSTS BLVD #130 LAKELAND FL 33803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:  DATE **4/30/07** DAYTIME PHONE **843-845-570**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR