2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2005 8:00 am Secretary of State 02-11-2005 90022 034 ***150.00

DOCUMENT # P04000110931					Secretary 01 02-11-2005 90022 034				
1. Entity Nan FRANCIS	FRANCISCO CAFE, CORP.					02-11-2005	90022 0	34 ****13	50.00
1	ce of Business	Mailing Address	•			100101-	-		
1 16801 NW 7 Hialeah, Fl	77 PL - 33016-8432	16801 NW 77 PL Hialeah, Fl 33016-8	1432						
وي ه مورجيدار		ــ ـ رــــ د			181 1180 1181 83				
2. Principal Place of Business + 6 S+ 3. Mailing Address 10801 NU				7701					
Suite, Apt.	*, etc.	Suite, Apt. #, etc.	4		02012005	Chg-P	CR2E0	34 (10/03)	
City & Star	PALEAH PL	City & State CL	<u></u>		4. FEI Numb	72253	66		oplied For ot Applicable
Zip 33	014 Country SA	330/4	Coun	nuy ()SA	5. Certificate	e of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current		<u> </u>		7. Name and	d Address of New f			
GARCIA, I	MIGUEL		Name						
16801 NW HIALEAH	/ 77 PL FL 33016-8432		Street Addres	s (P.O. Box Numb	per is Not Acceptabl	e) ·			
*** ***									
				City			FL	- ,	
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									
Signsture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signsture required when reinstating) DATE									
FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2005 Fee will be \$550.00 - Trust Fund Contribution Added to Fees									
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND		
TITLE NAME	GARCIA, MIGUEL	☐ Delete	TITLE			,		Change	Addition
STREET ADDRESS CITY-ST-ZIP	16801 NW 77 PL HIALEAH, FL 330168432			ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAM STRE	E ET ADORESS					
CITY-ST-ZIP				-ST-ZIP				-	
TITLE NAME		☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS City-St-zip			STRE	ET ADORESS					
ITLE		☐ Delete	TITLE	-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME	E Et address					
CITY-ST-ZIP				-ST-ZIP					
TITLE Name		☐ Detete	TITLE	i i	,			Change	Addition
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP		☐ Delete	TITLE	-ST-ZIP	• •	<u> </u>		☐ Change	☐ Addition
NAME STREET ADDRESS			NAM	l l					_
CITY-ST-ZIP				ET ADDRESS -ST-ZIP	ı				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 prustee empoyered 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 eddress, with all other like empowered.									
SIGNATURE: SIGNATURE AND TYPED ON PRINTED MAKE OF EXAMING OFFICER OR DIRECTOR DATE OF DIRECTOR									
•	SKUIJIA TUKKĮ AND JOYPED OR PI	nice Indiana of Braining OFFICER	UR DRIECT	UNI		Date `	D	Nytane Phone #	