2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2005 8:00 am Secretary of State

DOCUMENT # P04000115033 1. Entity Name CAFE SUSU, INC.					1		0049 031 ***150		
Principal Place of Business 8650 BISCAYNE BLVD. #13 MIAMI, FL 33138		Mailing Address 3 N.W. 92ND STREET MIAMI, FL 33150			,				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Number 01-0818		 	pplied For lot Applicable		
Zip	Country	Zip	Count	try		f Status Desired	□ \$8.75 Ac Fee Requir		
6.	Name and Address of Current F	legistered Agent			7. Name and A	Address of New R	legistered Agent		
GUTIERREZ-CASUDA-					Joseph Paternostro Accounting Services				
GGEA BIGGAYNG BLVO #13 MINNO XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				901 NES 125 En St. Sui Le 101					
	1			City			7:- C-		
				Miami			FL ^{zi} 333		
8. The above named entity submits this attroment 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, typed or placed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remissions)									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND D	DIRECTORS			L L				
TITLE P			111		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO	25 IN 11	
			11. TOLE	: I	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTO		
NAME GU	ITIERREZ, CASILDA	Oelete	11.	I	ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTO Change	RS IN 11	
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12. Thereby certify that the information supplied with this filling does not quality 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 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:

NATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

32465

305-895-7350

Daytme Phone #