


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000115033		
1. Entity Name CAFE SUSU, INC.		

Principal Place of Business 8650 BISCAYNE BLVD. #13 MIAMI, FL 33138	Mailing Address 3 N.W. 92ND STREET MIAMI, FL 33150
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05012005 No Chg-P CR2E034 (11/05)

4. FEI Number  
01-0818972

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

8. Name and Address of Current Registered Agent  JOSEPH PATERNOSTRO ACCOUNTING SERVICES 901 NE 125TH ST SUITE #101 MIAMI, FL 33161
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, CASILDA 3 N.W. 92ND STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUTIERREZ, GABRIEL 3 N.W. 92ND STREET MIAMI, FL 33150
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000000560477  
05/18/06-80041-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: Casilda Gutierrez 5/1/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #