


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 13 AM 8:31

DOCUMENT # P04000124558		
1. Entity Name LA SANTIAGUERA CAFE, CORP.		

Principal Place of Business 5410 NW 173RD DRIVE CAROL CITY, FL 33055	Mailing Address 5410 NW 173RD DRIVE CAROL CITY, FL 33055
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REINSTATEMENT 05-06



2. Principal Place of Business 697 West 30 Street Suite, Apt. #, etc.	3. Mailing Address 697 W. 30 St. Suite, Apt. #, etc.
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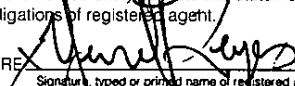
06072006 REIN-P CR2E098 (11/05)

City & State Hialeah Florida	City & State Hialeah Fla
Zip 33012	Zip 33012
Country U.S.A.	Country U.S.A.

4. FEJ Number 51-0521377	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BES, MARIA J 5410 NW 173RD DRIVE CAROL CITY, FL 33055	
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7. Name and Address of New Registered Agent	
Name YUREI REYES	
Street Address (P.O. Box Number is Not Acceptable) 697 West 30 Street	
City Hialeah	FL Zip Code 33012

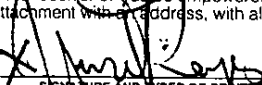
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	YUREI REYES
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
DATE 6-7-06	

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BES, MARIA J 5410 NW 173RD DRIVE CAROL CITY, FL 33055
	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President YUREI Reyes 697 W. 30 St. Hia. Fl. 33012
	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: 	6-7-06 (305) 362-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #