

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # **PO4000128000**

1. Entity Name

BRITO'S CAFE CORP.



FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90223 001 ***150.00

Principal Place of Business

Mailing Address

1095 W. 29TH ST HIALEAH, FL. 33012 **1095 W. 29TH ST HIALEAH, FL. 33012**

2. Principal Place of Business

1095 W. 29TH ST.

3. Mailing Address

1095 W. 29TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIALEAH, FL.

City & State

HIALEAH, FL.

Zip

33012

Country

MIAMI-OROE

Zip

33012

Country

MIAMI-OROE

6. Name and Address of Current Registered Agent

EFREN BRITO PINO
1085 WEST, 27 STREET #2
HIALEAH, FL. 33012

4. FEI Number

43-206 0002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P.T.** ☐ Delete
NAME **EFREN BRITO**
STREET ADDRESS **1085 W. 27 STREET #2**
CITY-ST-ZIP **HIALEAH, FL. 33012**

TITLE **S.** ☐ Delete
NAME **ALCIDES RACHECO**
STREET ADDRESS **7368 W. 30 LANE**
CITY-ST-ZIP **HIALEAH, FL. 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 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: **EBN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/05

Date

8058630303

Daytime Phone #