

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

5/1

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90272 001 \*\*\*150.00

**DOCUMENT # P04000151992**

1. Entity Name  
**CARLOS CAFETERIA, INC.**



Principal Place of Business  
**7400 SW 42ND STREET  
MIAMI, FL 33155-4403**

Mailing Address  
**7400 SW 42ND STREET  
MIAMI, FL 33155-4403**

**66019761**



04252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1856960</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**FILGUEIRAS, MANUEL  
7400 SW 42ND STREET  
MIAMI, FL 33155-4403**

**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

*Manuel Filgueiras*

*06 x 12 - 2006*

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 \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FILGUEIRAS, MANUEL
STREET ADDRESS	1620 SW 96 AVENUE
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	S
NAME	FILGUEIRAS, CARLOS M
STREET ADDRESS	1620 SW 96 AVENUE
CITY - ST - ZIP	MIAMI, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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 another like or empowered.

SIGNATURE:

*Manuel Filgueiras*

*06 x 12 x 2006*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #