

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 18 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P05000045406									
1. Entity Name VIANELY'S CAFE INC.									
Principal Place of Business 158 HIALEAH DRIVE HIALEAH, FL 33010			Mailing Address 158 HIALEAH DRIVE HIALEAH, FL 33010						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number 20-2568633 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td></td> </tr> </table>		Applied For		Not Applicable	
Applied For									
Not Applicable									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HENRIQUEZ, CLARA ISABEL 364 MINOLA DR. MIAMI SPRINGS, FL 33166				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 _____ (NOTE: Registered Agent signature required when reinstating)									
DATE _____									
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRIQUEZ, CLARA ISABEL 364 MINOLA DR MIAMI SPRINGS, FL 33166	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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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: <i>Clara Henriquez</i>				Date: <i>9/15/2006</i> (305) 362-9139					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #					



09152006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2568633** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENRIQUEZ, CLARA ISABEL 364 MINOLA DR MIAMI SPRINGS, FL 33166
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09/20/06--01040--006 **150.00

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SIGNATURE: *Clara Henriquez*

Date: *9/15/2006* (305) 362-9139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

2006