


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90115 022 \*\*\*150.00

<b>DOCUMENT # P05000047350</b>	
1. Entity Name <b>EL INGENIO LATIN CAFE' INC.</b>	

Principal Place of Business <b>14490 SW 300 STREET HOMESTEAD, FL 33033</b>	Mailing Address <b>14490 SW 300 STREET HOMESTEAD, FL 33033</b>
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**60026777**



2. Principal Place of Business <b>436 N. KROME Ave</b>	3. Mailing Address <b>436 N. KROME Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01222006 Chg-P CR2E034 (11/05)

City & State <b>Homestead Florida</b>	City & State <b>Homestead Florida</b>
Zip <b>33030</b>	Zip <b>33030</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>20-2597610</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>MORENO, JUAN G 14490 SW 300 STREET HOMESTEAD, FL 33033</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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  
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORENO, JUAN G 14490 SW 300 STREET HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORENO, FELIX E 14490 SW 300 STREET HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #