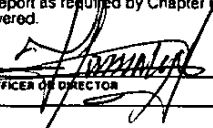


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

01-30-2006 90044 002 ***150.00

DOCUMENT # P05000055866 1. Entity Name L & I CAFE CORP					
Principal Place of Business 457 DE SOTO DR MIAMI SPRINGS, FL 33166			Mailing Address 457 DE SOTO DR MIAMI SPRINGS, FL 33166		
2. Principal Place of Business 441. 41 ST		3. Mailing Address 441 41ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI BEACH		City & State MIAMI BEACH		4. FEI Number 20-2682571	
Zip 33140		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TORRES, JORGE 7522 NW 177 TERRACE MIAMI LAKES, FL 33015				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 _____ (NOTE: Registered Agent signature required when reappointing) 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	PTD SALAZAR, ISRAEL 457 DE SOTO DR MIAMI SPRINGS, FL 33166		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TORRES, JORGE 7522 NW 177 TERRACE MIAMI LAKES, FL 33015		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
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: JORGE TORRES 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR			Date 02/23/06 (305) 5311057		