


FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90007 013 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000058606

1. Entity Name
CUBAN CAFE OF AVON PARK, INC.



Principal Place of Business Mailing Address

1109 WEST STATE STREET **1109 WEST STATE STREET**
AVON PARK, FL 33825 US **AVON PARK, FL 33825 US**

2. Principal Place of Business 3. Mailing Address

1005 W Peul St. **1005 W Peul St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Avon Park, FL **Avon Park, FL**

Zip Country Zip Country

33825 US **33825 US**



01172006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-2677976 Not Applicable

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

6. Name and Address of Current Registered Agent

VIERA, JENNIFER M MRS.
1109 W STATE STREET
AVON PARK, FL 33825

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	VIERA, JENNIFER M MRS.	
STREET ADDRESS	1860 N. BERKLEY RD.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORDOVA, LIONEL V MR.	
STREET ADDRESS	1860 N. BERKLEY RD.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	SECY	<input type="checkbox"/> Delete
NAME	ESTEVEZ, WILMA L MS.	
STREET ADDRESS	3305 VALERIE BLVD.	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2-2406 863257-0016

Date Daytime Phone #