## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90355 045 \*\*\*150.00

DOCUMENT # P05000080049  1. Entity Name JOE'S LATIN CAFE, INC.						8 90355 045 ***15	60.00	
Principal Place of Business Mailing Address				<b>∀ 400</b>	85037			
2701 EAST 10TH AVENUE 2701 EAST 10TH AVENUE HIALEAH, FL 33013 US HIALEAH, FL 33013 US HIALEAH, FL 33013 US								
HIALEAH, FL	33013 US	. US						
	(5)							
Principal Place of Business - No P.O. Box #     Address			•		EB)	EBIM BBIBI IBIN BBIM BBIN BIDIB		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192008	Chg-P	CR2E034 (12/06	)	
City & State		City & State		4. FEI Numb 20-296		<del></del>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 A		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent	eu	
				Name				
ALEXANDER, LOUIS 12100 SW 47 STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33175				<del></del>				
			City			<b>□</b> Zip Co		
						rl '		
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								
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, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10. OFFICERS AND DIRECTORS 1			11.	ADDITIONS	CHANGES TO C	FFICERS AND DIRECTO	RS IN 11	
TITLE	D, P	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	l ' ' '		NAME STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33175		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME Street address					
CITY-ST-ZIP			CITY-ST-ZIP					
THTLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
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STREET ADDRESS CITY-ST-ZIP			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 charged, or on an attachment with an address, with all other like empowered.

ATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 691 6353