

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092517

FILED
Jan 31, 2006
Secretary of State

Entity Name: WATTEKE LATIN AMERICAN CAFE, INC.

Current Principal Place of Business:

1409-B US HIGHWAY 231
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1409-B US HIGHWAY 231
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 20-3058056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN R. GREEN, P.A.
316 W. 11TH STREET
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

IVONNE SOLA
2928 ST CORRECTIONAL ROAD
MARIANNA, FL, FL 32448 US

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.

SIGNATURE: IVONNE SOLA

01/31/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOLA, IVONNE
Address: POST OFFICE BOX 227444
City-St-Zip: MIAMI, FL 33122

Title: VST () Delete
Name: LEMUS, CARMEN
Address: POST OFFICE BOX 227444
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: SOLA, JAMIE
Address: POST OFFICE BOX 227444
City-St-Zip: MIAMI, FL 33122

Title: D () Delete
Name: LEMUS, JULIO
Address: POST OFFICE BOX 227444
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOLA, IVONNE
Address: 2928 ST CORRECTIONAL ROAD
City-St-Zip: MARIANNA, FL 32448

Title: VST (X) Change () Addition
Name: LEMUS, CARMEN
Address: 2928 STATE CORRECTIONAL ROAD
City-St-Zip: MARIANNA, FL 32448

Title: D (X) Change () Addition
Name: SOLA, JAMIE
Address: 2928 STATE CORRECTIONAL ROAD
City-St-Zip: MARIANNA, FL 32448

Title: D (X) Change () Addition
Name: LEMUS, JULIO
Address: 2928 STATE CORRECTIONAL ROAD
City-St-Zip: MARIANNA, FL 32448

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IVONNE SOLA

P

01/31/2006

Electronic Signature of Signing Officer or Director

Date