

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092517

FILED  
Jan 17, 2007  
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:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

01/17/2007

Electronic Signature of Signing Officer or Director

Date