2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P05000096803 04-24-2006 90372 012 ***150.00 BAR & CAFETERIA LA TICA, INC Principal Place of Business Mailing Address 60030265 2114 NW 13 AVE 2114 NW 13 AVE MIAMI, FL 33127 MIAMI, FL 33127 2. Principal Place of Business 3. Mailing Address 2114 NW 564 5 Suite, Apt. #, etc Suite, Apt. #, etc. 04052006 Chg-P CR2E034 (11/05) HOUSE. Applied For City & State City & State 4. FEI Number Mami Micimi Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, ROSAURA Street Address (P.O. Box Number is Not Acceptable) 2114 NW 13 AVE MIAMI, FL 33127 City Zip Code FL 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) FILE NOWI!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ■ Addition NAME RODRIGUEZ, ROSAURA NAME STREET ADDRESS 2114 NW 13 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33127 CITY-ST-ZIP TOTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED