2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # P05000099138 1. Entity Name SEVILLA CAFE, INC					05-02-2006 90160 037 ***150.00			
Principal Plac	e of Business	Mailing Address		•]· -	-		
241 SEVILLA AVE CORAL GABLES, FL 33134		241 SEVILLA AVE Coral Gables, Fl 33134			,			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272006	Chg-P	CR2E034 (11/05)		
City & State		City & State			4. FEI Number	31801	13	pplied For ot Applicable
Zip	Country	Zip Count		try	5. Certificate of	Status Desired	See Requir	
	6. Name and Address of Current	N/	7. Name and A	ddress of New R	egistered Agent			
CUENCA, CESAR				Name Street Address (P.O. Box Number is Not Acceptable)				
150 PACIFIC AVE TAVERNIER, FL 33070			Suddic Address (F. O. DOX Normbel 1s Not Acceptable)					
			City			FL Zip Cod	de	
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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees								
10,	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	11.	···	ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	
TITLE NAME	PD CUENCA CECARI	☐ Delete	ΠTL	1			☐ Change	Addition
STREET ADDRESS	CUENCA, CESAR I 150 PACIFIC AVE		NAM STRE	EET ADORESS				
CITY-ST-ZIP	TAVERNIER, FL 33070			-ST-ZIP				
TITLE	SD	☐ Delete	TITL	E			☐ Change	☐ Addition
NAME	TRESPALACIOS, JOSE R		NAM	- 1				,
STREET ADDRESS	12190 OLD CUTLER RD			EET ADORESS				i
CITY-ST-ZIP	MIAMI, FL 33156		-	'-ST-ZIP				
TITLE		☐ Delete	TITL Nam	3			☐ Change	☐ Addition
STREET ADDRESS				EET ADDRESS				ĺ
CITY-ST-ZIP			CITY	'-ST-ZIP				
TITLE		☐ Delete	TITL	E			☐ Change	☐ Addltion
NAME			NAM					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP				
		□ Polyto					☐ Change	Addition
NAME		☐ Delete	TITL NAM					
STREET ADDRESS				EET ADDRESS				
C/TY-ST-Z/P			CITY	-ST-ZIP				
TITLE		☐ Delete	TITL	l l			☐ Change	☐ Addition
NAME CTREET LOODEGE			NAM	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				reti addhess (-st-zip				
13 I bereby	I certify that the information supplied with on this report or supplemental report is	this filing does not qualify for	r the ex	emptions containe	d in Chapter 119,	Florida Statutes. I	further certify that the	information

12. Thereby certify that the information supplied with this little does not quality for the exemptions contained in chapter 11s, rounds statutes. Interview 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 attactiment with an address, with all other like empowered.

SIGNATURE:

COLATANTE AND TYPED OR PRINTED HARRE OF STORING DIFFICENCE DIRECTOR

4/20/04

Daytime Phone #