2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000126648

1. Entity Name
LATINHOUSE CAFE COMPANY

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04112007   Chg-P   CR2E034 (12/06)

Principal Place of Business	Mailing Address
30101 SW 161ST AVE	30101 SW 161ST AVE
HOMESTEAD, FL 33030	HOMESTEAD, FL 33030

2. Principal Place of Business - No P.O. Box #
_1871-81 NE 8TH St_
Suite, Apt. #, etc.

3. Mailing Address
_1871-81 NE 8TH St._
Suite, Apt. #, etc.

City & State _Homestead FL_
Zip _33033_   Country _USA_

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Zip _33033_   Country _USA_

4. FEI Number
87-0754376

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ -**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACEVEDO, JOSE 30101 SW 161ST AVE HOMESTEAD, FL 33030	Name Street Address (P.O. Box Number is Not Acceptable) City ___ FL ___ Zip Code

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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ACEVEDO, JOSE		NAME		
STREET ADDRESS	30101 SW 161ST AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33030		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		
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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		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ___
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _4-11-07_   Daytime Phone # _(305) 781-4579_