


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000145484		
1. Entity Name LA CUBANITA CAFE THREE, INC.		


Principal Place of Business 4616 WEST KENNEDY BOULEVARD TAMPA, FL 33609	Mailing Address P. O. BOX 6520 BRANDON, FL 33508
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

06 SEP -6 AM 8:33

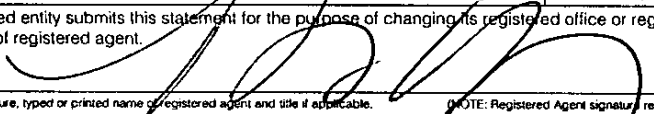
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08102006 Chg-P CR2E034 (11/05)

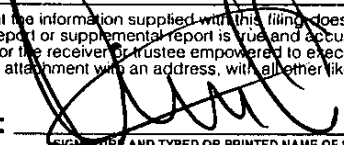
4. FEI Number 20-3699750	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MCDERMOTT, MICHAEL J PA 791 WEST LUMSDEN ROAD BRANDON, FL 33511	
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7. Name and Address of New Registered Agent Name: Bruce J. Sperry, Esquire Street Address (P.O. Box Number is Not Acceptable): 1003 South Alexander Street Suite 1 City: Plant City FL Zip Code: 33563-8400	
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: 	DATE: 8/5/06

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D KALLIANIOTIS, LOUIS 6108 WINTHROP TOWN CENTER AVENUE BRANDON, FL 33511 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST,D OWENS, JAMES D 6108 WINTHROP TOWN CENTER AVENUE BRANDON, FL 33511 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, S, T, D Owens, James D. Post Office Box 6520 Brandon, Florida 33508 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500079732615 09/12/06--01064--029 **\$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	James D. Owens, President
Date: 8/30/06	Daytime Phone #: (813) 917-1635

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