

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P05000167815 1. Entity Name BIGOTE CAFETERIA, INC.					
Principal Place of Business 3400 NW 32 AVE MIAMI, FL 33142			Mailing Address 3400 NW 32 AVE MIAMI, FL 33142		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1124788				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, LUIS M 3400 NW 32 AVE MIAMI, FL 33142			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	PD HERNANDEZ, LUIS M 775 E 6 ST HIALEAH, FL 33010	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD OTERO, ESTHER 775 E 6 ST HIALEAH, FL 33010	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OTERO, ARACELIO 775 E 6 ST HIALEAH, FL 33010	☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete		☐ Change ☐ 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: <u>Luis M. Hernandez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			PRESIDENT <u>3/14/06</u> Date		
LUIS M. HERNANDEZ			(305) <u>635-8515</u> Daytime Phone #		



03102006 Chg-P CR2E034 (11/05)

65-1124788

\$8.75 Additional Fee Required

FL Zip Code

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03/25/06-80022-013 150.00