

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000015757

1. Entity Name
.99 CAFETERIA, INC.



Principal Place of Business
9900 NW 80 AVE
HIALEAH GARDENS, FL 33016 US

Mailing Address
9900 NW 80 AVE
HIALEAH GARDENS, FL 33016 US

FILED
Mar 21, 2008 08:00 A
Secretary of State



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4238934

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PELAEZ, VLADIMIR
9900 NW 80 AVE
HIALEAH GARDENS, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSV
PELAEZ, VLADIMIR
7402 W 30 CT
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PELAEZ, VLADIMIR
7402 W 30 CT
HIALEAH, FL 33018

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000866094
04/08/08-80013-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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

3/18/08
Date

Daytime Phone #