106000020979

·						
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C. Coulliette JAN 1 1 2007

COVER LETTER

Amendment Section

Division of Corporations SUBJECT: AIDA'S CAFETERIA INC. (Name of Corporation) DOCUMENT NUMBER: P06000020979 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: NANCY MARRERO (Name of Contact Person) AIDA'S CAFETERIA INC. (Firm/Company) **714 NW 22 STREET** (Address) MIAMI, FL 33127 (City/State and Zip Code) For further information concerning this matter, please call: MARGARITA GONZALEZ PEGUERO at (305 4692498 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•		2, 607.1508, or 617.1508, Florida State			
	=	= =	ized under the laws of the State of <u>FLC</u> ered agent, or both, in the State of Flori			
	_		-			
		AIDA'S CAFETERIA INC				
2. The principal	office address:_/	714 NW 22 STREET, MI	AMI FL 3312/	 .		
3. The mailing a	address (if differe	ent):				
4. Date of incor	poration/qualifica	ation: 02/10/2006	Document number: P060000209	979		
	d street address or rtment of State:	f the current registered ap	gent and registered office on file with the	ne		
	JORGE ROO	QUE				
	990 NW 48	STREET				
	MIAMI, FL	33127				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				SECRE!	2007 JAN	
	NANCY MA	RRERO		ARY ASSE	-8	
	714 NW 22			ijΩ. T	A	03
	MIAMI, FL	(P.O. Box NOT acceptable) 33127		TAT ORI	9	
The street address changed will			address of the business office of its re	gistered	agent,	
			by its board of directors or by an offitified in writing of the change.			
19/gnati	col aprofficer or dire	ector)	JORGE ROQUE, PRESIDENT (Printed or typed name and title)			
of my duties, an document is bei	o comply with th d I am familiar v ng filed merely t	as registered agent and he provisions of all stati with and accept the obli o reflect a change in the writing of this change.	d agree to act in this capacity. ttes relative to the proper and comple gation of my position as registered ag e registered office address, I hereby co		mance if this at the	!
Maj	Mau manuse of Registered A	Agent)	DECEMBER 26,2006 (Date)			
If signing on be	half of an entity:	:				
AIDA'S CAFE						
T)	yped or Printed Name)				

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)