## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P06000045706  1. Entity Name EL SABOR CAFE, CORP.                          |   |  |  |                                   |                                    |   | 08 SEP 15 PM 3: 31              |                                      |              |            |  |
|---|---|--|--|-----------------------------------|------------------------------------|---|---------------------------------|--------------------------------------|--------------|------------|--|
| Principal Place<br>6344 E 67H<br>HIALEAH, FL  | AVE   | s  | Mailing Address<br>6 <del>344 E 6TH AV</del> E<br><del>1  ALEAH, FL 3301</del> 3   |                                   |                                    | ECRETATIY OF STATE<br>LLANASSEE, FLORIDA  |                                 |                                      |              |            |  |
| 2. Principal Place of Business - No P.O. Box # 3783 East 4th Ave. Suite, Apt. #, etc. |   |  | 3. Mailing Address 2950 N.W. 106 Street Sulte, Apt. #, etc.  |                                   |                                    | 09082008 Chg-P CR2E034 (12/06)  |                                 |                                      |              |            |  |
| City & State<br>Hialeah Florida   |   |  | City & State<br>Miami Florida  |                                   |                                    | 4. FEI Numb   | 20-461                          | 5453                                 |              | ied For    |  |
| Zip<br>3301.  |   | Country U.S.A. and Address of Current  | Zip<br>33147   | Coun<br>U                         | .S.A.                              | 5. Certificate  | of Status Desired               | □ \$8.<br>Fee                        | 75 Addition  | onal       |  |
| PEREZ, RAUL R   |   |  |  |                                   |                                    | 7. Name and Address of New Registered Agent  ddress (P.O. Box Number is Not Acceptable) |                                 |                                      |              |            |  |
|   |   |  |  |                                   | City                               |   |                                 | FL                                   | Zip Code     |            |  |
| FIL   | E NOW!!   | or printed name of registered agent  ! FEE IS \$150.00 otember 12, 2008 OFFICERS AND | 9. Election Campai<br>Trust Fund Cont  | ign Finar                         |                                    | .00 May Be  | In accordance<br>corporation di | with s. 607.193<br>d not receive the | e prior no   | tice.      |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>PEREZ, F<br>2950 N.W<br>MIAMI, FI          | RAUL R<br>/. 106 STREET  | ☐ Delete   | E<br>IE<br>EET ADDRESS<br>-ST-ZIP |                                    | 00135<br>2/08010  |                                 | Change                               | Addition     |            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TORRES, ANGELINA N. 2950 N.W. 106 STREET S      |  |  |                                   | E<br>LE<br>LET ADDRESS<br>'-ST-ZIP |   |                                 |                                      | Change       | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | ☐ Delete   |                                   |                                    |   |                                 |                                      | Change       | ☐ Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | ☐ Delete   | 1                                 | - 1                                |   |                                 |                                      | Change       | ☐ Addition |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | ☐ Delete   |                                   | 1                                  |   |                                 |                                      | Change       | Addition   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | □ Delete   |                                   | -                                  |   |                                 |                                      | Change       | ☐ Addition |  |
| indicated<br>of the cor<br>changed,   | on this repo<br>poration or the<br>or on an att | rt or supplemental report is<br>he receiver or trustee emp                           | n this filing does not qualify fo<br>s true and accurate and that r<br>owered to execute this report<br>with all other like empowered. | ny signa<br>as requi              | ture shall have the                | same legal effe   | ct as if made unde              | r oath; that I am ai                 | n officer ar | director   |  |
| SIGNAT  | URE: _  | SONATURE AND TYPED OR  | PRINTED NAME OF SIGNING OFFICER  | OR DIREC                          | TOR                                |   | 7/8/0S                          | Daytime                              | Phone #      |            |  |

9/1500