2007 FOR PROFIT CORPORATIONS ANNUAL REPORT

FILED May 14, 2007 8:00 am Secretary of State

DOCUMENT # P06000073856 1. Entity Name SAN LAZARO CAFETERIA, INC.				05-14-2007 90082 030 ***150.00		
Principal Place of Business	Mailing Address		<u> </u>	T		
2400 W 2 AVE HIALEAH, FL 33010	VE 2400 W 2 AVE					
	-			I LETHER IN EDITE BUIL BOIN BOIN BOIN BOIN BOIN HERD HIEL IOTH FUND BRICK IN LOCA	ĺ	
2. Principal Place of Business - No P.O. Box #					1	
Suite, Apt. #, etc. Suite, Apt. #, etc.				04302007 Chg-P CR2E034 (12/06)		
City & State	City & State			4. FEI Number 49 64274 Applied Fo	_	
Zip Country	Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Curre	t Registered Agent			7. Name and Address of New Registered Agent		
PODRICHEZ VANILIEMA D			Name -			
RODRIGUEZ, YANIÜSKA B 2400 WEST 2ND AVE			Street Address	(P.O. Box Number is Not Acceptable)	_	
HIALEAH, FL 33010				·		
			City	Zip Code		
The above named entity submits this statement The above named entity submits the statement of the sta	t for the purpose of changing its		$I \rightarrow I$	FL Zip Code ziged agent, or both, in the State of Florida. I am familiar with, and according to the state of Florida.		
the obligations of registered agent.	tior the purpose of changing its	registere	onice or registe	red agent, or both, in the State of Horida. I am familiar with, and acci	apt	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulated when reinstating)				d when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$55	9. Election Campa Trust Fund Cont	_		6.00 May Be ded to Fees		
	ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	PSTD Delete IIII NAU Delete NAU D			Change Addi	ition	
STREET ADDRESS 2400 W 2 AVE	RESS 2400 W 2 AVE ST		ET ADORESS			
CITY-ST-ZIP HIALEAH, FL 33010	_		ST-ZIP			
TITLE NAME	Delete TITLE			☐ Change ☐ Addi	tion	
STREET ADDRESS	STI		ET ADDRESS			
CITY-ST-ZIP			ST-ZIP			
TITLE NAME	Delete IIIT.		ı	☐ Change ☐ Addi	tion	
STREET ADDRESS	l I		ET ADDRESS_			
CITY-ST-ZIP			ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME	I	☐ Change ☐ Addi	lion	
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS			
TITLE	☐ Oelete	TITLE	ST-ZIP	☐ Change ☐ Addi	tion.	
NAME	LI Delete	NAME	1	☐ Change ☐ Addi	Jon	
STREET ADDRESS CITY-ST-ZIP			T ADDRESS			
TITLE	Dates	TITLE	ST-ZIP	☐ Change ☐ Addi		
NAME	☐ Delete TITL		l l	☐ Change ☐ Addi	.70n	
STREET ADDRESS			T ADDRESS		Ì	
CITY-ST-ZIP 12. I hereby certify that the information supplied w	vith this filing does not qualify to		ST-ZIP	d in Chanter 119 Florida Statutes I further certify that the information	\dashv	
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 eath; 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: JANIUSHA D. MONGOZ SANIUSKA & KONGOZ OY/30/07 883-6000.						