

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

06-14-2007 90002 016 ***150.00

DOCUMENT # P06000078013

1. Entity Name
S R CAFETERIA INC.



Principal Place of Business
**14339 SW 45 TERRACE
MIAMI, FL 33175**

Mailing Address
**14339 SW 45 TERRACE
MIAMI, FL 33175**

2. Principal Place of Business - No P.O. Box #
5301 NW 7 St.
Suite, Apt. #, etc.

3. Mailing Address
5301 NW 7 St.
Suite, Apt. #, etc.

City & State
Miami, FL
Zip
33126
Country
Miami-Dade

City & State
Miami, FL
Zip
33126
Country
Miami-Dade

05182007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5479308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GABLES REGISTERED AGENTS CORPORATION
131 MADEIRA AVENUE
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
Jorge Ripoll
Street Address (P.O. Box Number is Not Acceptable)
5301 NW 7 St.
City
Miami FL Zip Code
33126

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

***Never received notice**
FILE NOW!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,P
RIPOLL, JORGE
4707 SW 144 COURT
MIAMI, FL 33175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,VP
SEOTA, JOSE
14339 SW 45 TERRACE
MIAMI, FL 33175** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S,T
SEOTA, JOSE
14339 SW 45 TERRACE
MIAMI, FL 33175** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,VP
Eduardo Sanchez
5215 SW 139 Ave Rd, Apt 5215
Miami, FL 33175** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D,P,T
Jorge Ripoll
4707 SW 144 Ct
Miami, FL 33175** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #