

PO660094159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

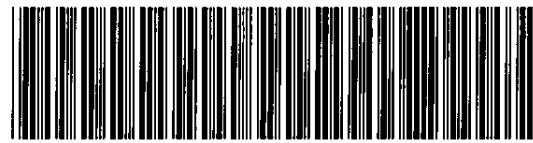
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DD C. Monroe
BB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2007

CUBAN COMBOS BAKERY & CARE INC
7116 S. DIXIE HWY
WEST PALM BEACH, FL 33405

SUBJECT: CUBAN COMBOS BAKERY & CAFE INC
Ref. Number: P06000094159

We have received your document for CUBAN COMBOS BAKERY & CAFE INC and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

The Statement of change of Registered Agent and Registered Office form the filing fee is \$35.00 to file this document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 607A00004456

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CUBAN COMBOS BAKERY & CAFE, INC
2. The principal office address: 7116 SO. DIXIE HWY.
WEST PALM BEACH, FL. 33405
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 07/17/2006 Document number: P06000094159
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ALEXEY SALOMON
960 SUMTER RD. EAST
W. PALM BEACH, FL. 33415
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ALEJANDRO SALAZAR
7116 SO. DIXIE HWY.
(P.O. Box or personal mailbox NOT acceptable)
WEST PALM BEACH, FL. 33405

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Alejandro Salazar
(Signature of an officer, chairman or vice chairman of the board)

ALEJANDRO SALAZAR, PRES
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Alejandro Salazar
(Signature of Registered Agent)

01/10/2007
(Date)

If signing on behalf of an entity:

ALEJANDRO SALAZAR
(Typed or Printed Name)

Pres. / REGISTERED AGENT
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314