

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90037 050 ***150.00

DOCUMENT # P06000105237

1. Entity Name
ROSA'S CAFE AT PONCE SQUARE, INC.



Principal Place of Business
**717 PONCE DE LEON BOULEVARD
SUITE 101
CORAL GABLES, FL 33134 US**

Mailing Address
**717 PONCE DE LEON BOULEVARD
SUITE 101
CORAL GABLES, FL 33134 US**

20007551



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03052007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MARRERO, CALIZ
7500 SOUTH WATERWAY DRIVE
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MARRERO, CALIZ
7500 SOUTH WATERWAY DRIVE
MIAMI, FL 33155** ☐ 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

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 ☐ Change ☐ Addition

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

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

TITLE
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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:

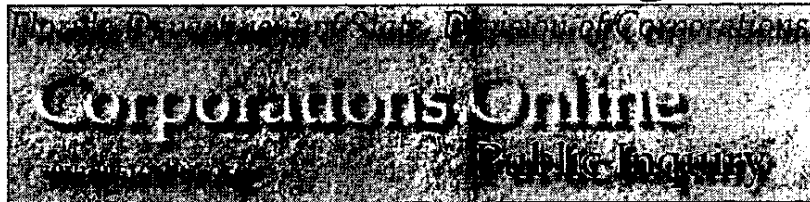
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

20007551



Florida Profit

ROSA'S CAFE AT PONCE SQUARE, INC.

PRINCIPAL ADDRESS

717 PONCE DE LEON BOULEVARD
SUITE 101
CORAL GABLES FL 33134 US

MAILING ADDRESS

717 PONCE DE LEON BOULEVARD
SUITE 101
CORAL GABLES FL 33134 US

Document Number
P06000105237

FEI Number
NONE

Date Filed
08/14/2006

State
FL

Status
ACTIVE

Effective Date
08/11/2006

Registered Agent

Name & Address
MARRERO, CALIZ 7500 SOUTH WATERWAY DRIVE MIAMI FL 33155

Officer/Director Detail

Name & Address	Title
MARRERO, CALIZ 7500 SOUTH WATERWAY DRIVE MIAMI FL 33155	P

Annual Reports

Report Year	Filed Date
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ATTACHMENT

20007551
P06000105237

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08/14/2006 -- Domestic Profit

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[Corporations Help](#)