

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000124943

Entity Name: CAFECOM USA CORP.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

5311 SW 125TH AVE  
MIRAMAR, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

5311 SW 125TH AVE  
MIRAMAR, FL 33027

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SERRANO, JUAN F  
5311 SW 125TH AVE  
MIRAMAR, FL 33027 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DAVILA, VINICIO  
Address: 5311 SW 125TH AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete  
Name: TORRES DE DAVILA, DORIS  
Address: 5311 SW 125TH AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete  
Name: TORRES, NICOLE D  
Address: 5311 SW 125TH AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete  
Name: DAVILA, BEATRIZ  
Address: 5311 SW 125TH AVE  
City-St-Zip: MIRAMAR, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVILA VENICIO

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date