
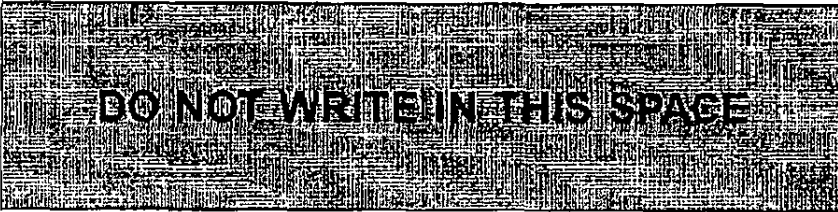


FILED
May 02, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000131719 1. Entity Name V. CAFE, INC.	
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Principal Place of Business 1079 NE 204 TERRACE NORTH MIAMI, FL 33179	Mailing Address 1079 NE 204 TERRACE NORTH MIAMI, FL 33179
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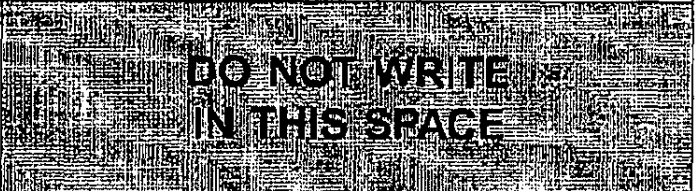


04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5730557	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOMMERFLECK, GERARDO
1079 NE 204 TERRACE
NORTH MIAMI, FL 33179



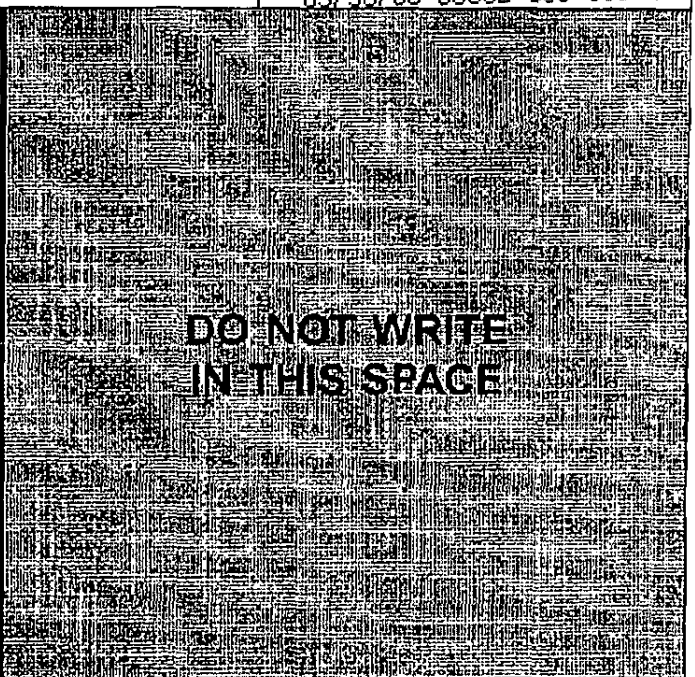
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

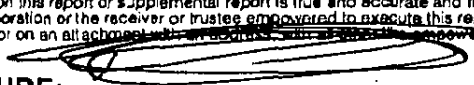
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000945261 05/30/08-80002-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOMMERFLECK, CARLOS 20185 EAST COUNTRY CLUB DR. APT 1108 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOMMERFLECK, GERARDO 1079 NE 204 TERRACE NORTH MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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 to this report as required by Chapter 607, Florida Statutes.

SIGNATURE:  **Gerardo Sommerfleck**
Vice President
City: _____ Daytime Phone #: 65-152-693