2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 27, 2008 08:00 Al Secretary of State

DOCUMENT # P06000140369 1. Entity Name CARIBE CAFE RESTAURANT, INC.						\$	Secrét	ary	of Sta
Principal Plac	ce of Business	Mailing Address		<u></u>					
11882 SW 210TH TERRACE MIAMI, FL 33177		11882 SW 210TH TERRACE MIAMI, FL 33177							
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #. etc.		03142008	Chg-P	CR2E034	(12/06)		
City & Sta	te	City & State			4. FEI Number 20-5875		 .	<u> </u>	oplied For
Zip	Country	Zip	Zip Country		·- <u></u> -	of Status Desired		8.75 Add e Require	ditional
ļ	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New F	Registered Ag	ent	
ALVARADO, JOSE M 11882 SW 210TH TERRACE				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33177									
				City		-	FL	Zip Cod	e
the obliga	named entity submits this statement fi tions of registered agent.	or the purpose of changing its	s register	ed office or register	red agent, or both	, in the State of Flo		L niliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agen-	and title if applicable (NO	F. Registers	od Agent signature required	t when reinstating)		OA7E		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.		_	Add	.00 May Be led to Fees	HANGES TO OFF	ICERS AND D	BECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, MARIA 11877 SW 209TH TERRACE MIAMI, FL 33177	☐ Dekele	TITL NAM STRE	Ē				Change	Addition
TITLE NAME STREET ADDRESS CLTY-ST-ZIP	D ALVARADO, CRUZ A 13440 SE 181ST STREET MIAMI, FL 33177	☐ Delete		ı		U00000 04/09/08-)871268 ⁰ -90123-0	Change 19 15	Addition
TITLE NAME STREET ADDRESS CITY-S1-ZIP	D ALVARADO, JOSE M 11882 SW 210TH TERRACE MIAMI, FL 33177	☐ Delete		l l				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete) Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					С	Change	☐ Addition
indicated	certify that the information supplied will on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an autiless,	s true and accurate and that r	my signa!	ture shall have the s	same legal effect	as it made under d	oath, that I am e appears in B	an officer	or director