2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000073567

Entity Name: BITA'S CAFE INC

FILED Aug 28, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

15957 SW 53 TERRACE 15823 SW 43ST MIAMI, FL 33185 15823 SW 43ST MIAMI, FL 33185

Current Mailing Address: New Mailing Address:

15957 SW 53 TERRACE 15823 SW 43ST MIAMI, FL 33185 MIAMI, FL 33185

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 ESCALANTE, IRAIDA
 ESCALANTE, IRAIDA

 15957 SW 53 TERRACE
 15823 SW 43ST

 MIAMI, FL 33185 US
 MIAMI, FL 33185 US

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: IRAIDA ESCALANTE 08/28/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

P () Delete Title: P (X) Change () Addition

 Name:
 ESCALANTE, IRAIDA
 Name:
 ESCALANTE, IRAIDA

 Address:
 15957 SW 53 TERRACE
 Address:
 15823 SW 43ST

 City-St-Zip:
 MIAMI, FL 33185
 City-St-Zip:
 MIAMI, FL 33185

Title: S () Delete Title: S (X) Change () Addition

 Name:
 ESCALANTE, SYLVIA
 Name:
 ESCALANTE, SYLVIA

 Address:
 15957 SW 53 TERRACE
 Address:
 15823 SW 43ST

 City-St-Zip:
 MIAMI, FL 33185
 City-St-Zip:
 MIAMI, FL 33185

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: IRAIDA ESCALANTE P 08/28/2009