

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000100554

FILED
Feb 25, 2009
Secretary of State

Entity Name: CAFE CON LECHE AT PINES INC

Current Principal Place of Business:

5826 NW 113 PLACE
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

5826 NW 113 PLACE
DORAL, FL 33178

New Mailing Address:

FEI Number: 26-3710727

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, OSVALDO
782 NW 42 AVE #2
MIAMI, FL 33126 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: P () Delete
Name: LABEAU, CARLOS A
Address: 5826 NW 113 PLACE
City-St-Zip: DORAL, FL 33178

Title: V () Delete
Name: GARCIA, ROBERTO
Address: 12941 SW 28 COURT
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:

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: CARLOS LABEAU

PRS

02/25/2009

Electronic Signature of Signing Officer or Director

Date