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May 10, 2004 8:00 am
Secretary of State

04-20-2004 90054 001 ***150.00
04-20-2004 90054 002 *****8.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000007887

1. Entity Name
OCOA'S BREEZE CAFETERIA, INC.

Principal Place of Business	Mailing Address
1147 WASHINGTON AVENUE MIAMI BEACH, FL 33139	1147 WASHINGTON AVENUE MIAMI BEACH, FL 33139

[redacted]

04132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0406016
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIQUEZ, MANUEL
1147 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

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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: Yojany Rodriguez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RODRIQUEZ, MANUEL
STREET ADDRESS	1147 WASHINGTON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33129
TITLE	STD
NAME	RODRIQUEZ, YOJANY
STREET ADDRESS	1147 WASHINGTON AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33129
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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 with an address, with all other like empowered.

SIGNATURE: Yojany Rodriguez 5-3-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #