2005 FOR PROFIT CORPORATION REINSTATEMENT

P5 182

KEINSTATEMEN												
DOCUMENT # P9300007887 1. Entity Name OCOA'S BREEZE CAFETERIA, INC.							05	FIL.	ED	20		
Principal Place of Business 1147 WASHINGTON AVENUE MIAMI BEACH, FL 33139			Mailing Address 1147 WASHINGTON AVENUE MIAMI BEACH, FL 33139				IALL	Allassee,	FEÓRIDZ	1	ari II 1891	
2. Principal P	ace of Business	3. M	3. Mailing Address									
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				09302005	REIN-P	CR2E	E098 (6/04)		
City & State	9	Ci	City & State				4. FEI Numbe 65-040			— — — —	plied For t Applicable	
Zip	Country		Zip Cou		itry	5. Certificate of Status			tatus Desired			
	6. Name and Address	of Current Registe	red Agent		Name \		7. Name and	Address of Nev	Registered	Agent —		
RODRIQUEZ, MANUEL 1147 WASHINGTON AVENUE MIAMI BEACH, FL 33139					<u> </u>	YOJANY KODRIQUE Street Address (P.O. Box Number is Not Acceptable)						
					1147 City Mi	Nan	Washington Avenue wi Beach FL Zp Code 39					
8. The above the obligat		statement for the pu	Rodriguez Lee				ed agent, or bot	h, in the State of	Florida. 1 am 0 9 / DATÉ	familiar with,		
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00							:	In accordanc corporation d				
10.	····	CERS AND DIRECT		11.			ADDITIONS/	CHANGES TO C	FFICERS AN			
NAME STREET ADDRESS CITY-ST-ZIP					E IE EET ADDRESS '- ST-ZIP		10/05.	1 0060 7050106	309 3 3-007	□ Change 3:9:77 **150.1	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Delete RODRIQUEZ, YOJANY 1147 WASHINGTON AVENUE MIAMI BEACH, FL 33129				E HE EET ADORESS '-ST-ZIP					□ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1			5 7 .		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					T. Noben	r UTA	Change Change	∫	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I					☐ Change	Addition	
11TLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
12. I hereby certify that the information supplied with this filling 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: SIGNATURE: Dayline Phone # Dayline Phone #												
	V 7030	Yojany Rodriguez, Pres.										

PS 292

GABANAS & ASSOCIATES, P.A.

TELEPHONE: 305-513-3639 FAX: 305-513-4122 ACCOUNTING, TAX PLANNING & PREPARATION
SQUARE ONE BUSINESS CENTER
10520 N.W. 26TH STREET
SUITE C-201
MIAMI, FLORIDA 33172

MEMBER OF NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

September 30, 2005

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314

RE: OCOA'S BREEZE CAFETERIA, INC. DOCUMENT #P93000007887

Gentlemen:

We are the Accountants for the above-referenced Corporation and have been asked by our client to correspond with you concerning their late filing of their Annual Report for the year 2005 due to the fact that they never received the Renewal Notification from your Department.

We are enclosing an Amended 2005 Annual Report duly filled out and signed as well as check for \$ 150.00 to cover the 2005 filing fee and request the abatement of any penalty for this late filing.

Thank you for your attention to this matter.

very unity yours

Joseph F. Cabanas

Attachments