

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0568380** Applied For  Not Applicable

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

**DOCUMENT # P95000019667**  
1. Entity Name  
**ALEIDA'S CAFETERIA INC.**



Principal Place of Business **186 NE 29 ST  
MIAMI, FL 33137**  
Mailing Address **186 NE 29 ST  
MIAMI, FL 33137**

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE  
IN THIS SPACE**

6. Name and Address of Current Registered Agent  
**PLA, JOSE L  
10364 SW 2 ST  
MIAMI, FL 33174**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLA, JOSE L 10364 SW 2 STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUCIA, ALA 10364 SW 2 STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLA, BELKIS R 10364 SW 2 STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLA MORERA, LEIDYS Y 10364 SW 2 STREET MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000399441  
02/01/06-80012-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jose PLA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06 305-573-4689  
Date Daytime Phone #