


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 AM
Secretary of State

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	



01132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0568380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PLA, JOSE L
10364 SW 2 ST
MIAMI, FL 33174

DO NOT WRITE
IN THIS SPACE

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 _____


FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	

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IN THIS SPACE

U00000593340
01/22/07-80027-017 150.00

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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/19/07 Daytime Phone # _____