2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State
01-22-2008 90081 042 ***150.00

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1. Entity Name
ALEIDA'S CAFETERIA INC.

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

66002296

01122008 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 ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	PLA, JOSE L
STREET ADDRESS	10364 SW 2 STREET
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	STD
NAME	LUCIA, ALA
STREET ADDRESS	10364 SW 2 STREET
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D
NAME	PLA, BELKIS R
STREET ADDRESS	10364 SW 2 STREET
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D
NAME	PLA MORERA, LEIDYS Y
STREET ADDRESS	10364 SW 2 STREET
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 L. Pla 1/12/08 786-542-1425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #