2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT May 01, 2006 08:00 AN Secretary of State DOCUMENT # P95000064745 1. Entity Name BONGOS CUBAN CAFE, INC. Principal Place of Business Mailing Address 420 JEFFERSON AVE. 420 JEFFERSON AVE. SUITE 3000 US MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0623716 \$8.75 Additional 5. Certificate of Status Desired П Fee Required . 6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION DO NOT WRITE 701 BRICKELL AVENUE **SUITE 3000** IN THIS SPACE MIAMI, FL 33131 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTD** TITLE ESTEFAN, EMILIO JR STREET ADDRESS 420 JEFFERSON AVE. U00000556466 NS/17/NB-80010-012 150.00 CITY-ST-ZIP MIAMI BEACH, FL 33139 TRILE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 seceiver 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Emilio Estefan President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2006

(305)695-7000