2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# P96000060386

Entity Name: CAFE VARONA, INC.

Current Principal Place of Business:

610 WREN AVE
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

610 WREN AVE
HOUSE
MIAMI SPRINGS, FL 33166

Current Mailing Address:

PO BOX 661454
MIAMI SPRINGS, FL 33166

New Mailing Address:

PO BOX 661454
MIAMI SPRINGS, FL 33166 US

FEI Number: 65-0582134 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NELSON J. VARONA
610 WREN AVENUE
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

NELSON J. VARONA
610 WREN AVENUE
HOUSE
MIAMI SPRINGS, FL 33166 US

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.

SIGNATURE: _____ 05/06/2009
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: ANTHONY, VARONA M
Address: 610 WREN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: T ( ) Delete
Name: VARONA, SUELYNN
Address: 610 WREN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: VP ( ) Delete
Name: VARONA, DAVID A
Address: 610 WREN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: P ( ) Delete
Name: SANCHEZ, LAURIE V
Address: 610 WREN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D ( ) Delete
Name: VARONA, NELSON A
Address: 610 WREN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D ( ) Delete
Name: MARTINEZ, LISA M
Address: 610 WREN AVE
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON L VARONA RA 05/06/2009
Electronic Signature of Signing Officer or Director — Date