


FILED
Apr 25, 2003 8:00 am
Secretary of State

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DOCUMENT #		P96000075387				Secretary of State	
1. Entity Name		LA CASA DEL CAFE BY IRMA BAKERY INC.				04-25-2003 90179 028 ***150.00	
Principal Place of Business		Mailing Address					
11347 W. FLAGLER ST.		11347 W. FLAGLER ST.					
MIAMI FL 33174		MIAMI FL 33174					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number		Applied For	
				65-0695878		Not Applicable	
Zip		Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CRUZ, LELIA D				Name			
11347 W. FLAGLER ST.				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL 33174							
				City			
				FL			
				Zip Code			
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				9. Election Campaign Financing			
After May 1, 2003 Fee will be \$550.00				Trust Fund Contribution. \$5.00 May Be Added to Fees			
Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DP							
CRUZ, LELIA D							
10863 NW 7TH ST.							
MIAMI FL 33172							
Delete				Change Addition			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
Delete				Change Addition			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
Delete				Change Addition			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
Delete				Change Addition			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
Delete				Change Addition			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
Delete				Change Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Daytime Phone #							