

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90061 007 ***150.00

DOCUMENT # P96000094087

1. Entity Name
LAW ENFORCEMENT CAFE, CORP.



Principal Place of Business
**99 NE 4TH ST
MIAMI, FL 33132**

Mailing Address
**1634 SW 82 PL.
MIAMI, FL 33155**

40001920



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0713277

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PERDOMO, JOSE
1634 SW 82 PL.
MIAMI, FL 33155**

**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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PERDOMO, JOSE
1634 SW 82 PL.
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 of all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07 305 2665838
Date Daytime Phone #

ATTACHMENT

40001920



Division of Corporations

2007 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

196000094087

Business Entity Name LAW ENFORCEMENT CATEL CORP.

Original File Date 11/18/1996

FBI Number 65-0713277

Principal Address 99 NE 4TH ST
MIAMI, FL 33132

Mailing Address 1634 SW 82 PL.
MIAMI, FL 33155

Registered Agent JOSE PERDOMO
1634 SW 82 PL.
MIAMI, FL 33155

Officer/Director Name And Address

D
JOSE PERDOMO
1634 SW 82 PL.
MIAMI, FL 33155

If all of the above information is correct and you do not wish to make any changes, please select:

[No Changes](#)

If you need to make changes to the above information, please select:

[Make Changes](#)

[Sunbiz Home Page](#)

[Help](#)

Street Address	1634 SW 82 PL
City, State	MIAMI FL
Zip Code & Country	33155
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title _____
Officer/Director Signature 

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true