

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90030 036 \*\*\*150.00

**DOCUMENT # P97000037292**

1. Entity Name  
**CAFE PROGRESO RESTAURANT, INC.**



Principal Place of Business  
**228 NE 1ST AVENUE  
MIAMI, FL 33132**

Mailing Address  
**228 NE 1ST AVENUE  
MIAMI, FL 33132**

**40013039**

2. Principal Place of Business - No P.O. Box #  
**228 N.E. 1 Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**228 N.E. 1 Avenue**  
Suite, Apt. #, etc.

City & State  
**miami, FL**

City & State  
**miami, FL**

Zip  
**33132**

Country

Zip  
**33132**

Country

01312007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0741204**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**AG CORPORATE SERVICES, LLC  
300 SEVILLA AVENUE  
201  
CORAL GABLES, FL 33134**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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 PD ☐ Delete  
NAME THOMPSON, ERLINDA  
STREET ADDRESS 228 NE 1ST AVENUE  
CITY-ST-ZIP MIAMI, FL 33132

TITLE VPD ☐ Delete  
NAME THOMPSON, DONALDO  
STREET ADDRESS 228 NE 1ST AVENUE  
CITY-ST-ZIP MIAMI, FL 33132

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Feb. 6, 2007**