2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF AGINING OFFICER OR DIRECTOR

May 24, 2005 08:00 AM Secretary of State DOCUMENT # P98000044625 1. Entity Name PUERTO NICA CAFETERIA, INC. Principal Place of Business Mailing Address 3034 N.W. 7TH AVENUE 3034 N.W. 7TH AVENUE MIAMI, FL 33127 MIAMI, FL 33127 05122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0836690 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PAYAN, ROSA A DO NOT WRITE 1452 NW 24 ST MIAMI, FL 33142 IN THIS SPACE 8. The above named entity submits this statement for the purp ose of changing its registered office or registered agent, or both, in the State of Fjorida. I am familiar with, and accept the obligations of registered agent 05/12/05 MA SIGNATURE. (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \$5.00 May Be Trust Fund Contribution. Due by September 7, 2005 Added to Fees 10, OFFICERS AND DIRECTORS PD TITLE PAYAN, ROSA A NAME 1.2083800000U 1452 NW 24 ST STREET ADDRESS 05/24/05-80004-003 150.00 CITY-ST-ZIP MIAMI, FL 33142 SD TITLE NAME MILLER, JIMMY R STREET ADDRESS 1452 NW 24 ST CITY-ST-ZIP MIAMI, FL 33142 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP なるなってはないというできて大変なないないというとうない、大は、これにないとなっている あんかんしょく TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 excurate and that my signature shall have the same legal effect as if made under cath; 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.

FILED

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