

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P98000101261**

1. Entity Name  
**ALI'S CAFE, INC.**



Principal Place of Business  
**10918 N 56TH ST  
TEMPLE TERRACE, FL 33617**

Mailing Address  
**10918 N 56TH ST  
TEMPLE TERRACE, FL 33617**



03062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3550442**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DELGADO, SERGIO  
10918 N 56TH ST  
TEMPLE TERRACE, FL 33617**

**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**

000000733615  
05/09/07-80092-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME	S DELGADO, ALICIA
STREET ADDRESS	11104 ELMFIELD DR
CITY-ST-ZIP	TAMPA, FL 33625
TITLE NAME	V DELGADO, JORGE A
STREET ADDRESS	11104 ELMFIELD DR
CITY-ST-ZIP	TAMPA, FL 33625
TITLE NAME	TM DELGADO, JORGE
STREET ADDRESS	11104 ELMFIELD DR
CITY-ST-ZIP	TAMPA, FL 33625
TITLE NAME	P DELGADO, SERGIO
STREET ADDRESS	16118 GARDENDALE DR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sergio Delgado* Sergio Delgado

3/22/07

Date

813 984-7884

Daytime Phone #