DOC NOT WRITE IN THIS SPACE      Address of Guttom Agents of Basis and Agent      LIAS NOT AN A CAPETERIA & RESTAURANT OF      LIARD AGE      DOC NOT WRITE IN THIS SPACE      MMM, FL 3314      MAIN, FL 3314      DO NOT WRITE IN THIS SPACE      MMM, FL 33173      LASS NOT AN A CAPETERIA A RESTAURANT OF      LIAS NOT AN A CAPETERIA A RESTAURANT OF      LIAS NOT WRITE IN THIS SPACE      MIMM, FL 33173      MAIN, FL 33174      MAIN, FL 33173      MAIN, FL 3317	2008 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 24, 2008_08:00 A
NYNAN, RL 33144       NYNAN STREET         NIAM, RL 33144       NYNAN STREET         DO NOT WRITE IN THIS SPACE       DUBLE NOTION STREET         1       All Charter of the Charterof the Charter of the Charter of the Charter of the Char	1. Entity Nar INTERN/	ATIONAL CAFETERIA & RESTA			
DO NOT WRITE IN THIS SPACE      1022208     No Chg-P     CR2834 (11/05)     - Fill Number     - S082238     - Certificate of Status Denied     - S07     - S0	8190 S.W. 8TH STREET 8190 S.W. 8TH STREET				
ELIAS, NORMA B 10331 SW 58 TERRACE MIAM, FL 33173       DO NOT WRITE IN THIS SPACE <ul> <li>The above named entity submits his statement for the purpose of changing its registered affec or registered agent, or both, in the State of Forda. 1 an familiar with, and accept the obligations of registered agent.</li> </ul> <ul> <li>StoAATURE</li> <li>StoAATURE</li> <li>Improve named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Forda. 1 an familiar with, and accept</li> <li>StoAATURE</li> <li>Improve named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Forda. 1 an familiar with, and accept</li> </ul> StoAATURE <ul> <li>StoAATURE</li> <li>OUTE TotaCampaign Financing Trust Fund Contribution</li> <li>StoB May Be OC/14/08-80023-002 150.00</li> <li>Election Campaign Financing Trust Fund Contribution</li> <li>StoB Sto StoT TREATCES</li> <li>Improvement Bits Addies to Fase</li> </ul> <ul> <li>DO NOT WRITE May Be O//14/08-80023-002 150.00</li> <li>Election Campaign Financing Trust Funds</li> <li>Improvement May Be TERRACES</li> <li>Improvement May Be T</li></ul>	C			CE	02222008     No Chg-P     CR2E034 (11/05)       4. FEI Number     Applied For       65-0882298     Not Applicable       5. Certificate of Status Desired     S8.75 Additional
the obligations of registered agent.  SIGNATURE  Supporte typed or prives typed or prives types and the Laplacian  Price NOWILL FEE IS \$150.00 After May 17, 2008 Food Will bo \$550.00  Price Findpare Agent algorithm Amay Bay Status  Price NOWILL FEE IS \$150.00 After May 18  Status  DF-12  PD OFFICERS AND DIRECTORS  IN  PD OFFICERS AND DIRECTORS  IN  DF-12  D	ELIAS, NORMA B 10831 SW 58 TERRACE				
TITLE     PD       NME     ELLAS, NORMA B       STRET ADRESS     10831 SW 56 TH TERRACE       CITY-ST-2P     MIAMI, FL 33173       TITLE     STD       NME     ELLAS, YASMIN       STRET ADRESS     10831 SW 56 TERRACE       CITY-ST-2P     MIAMI, FL 33173       TITLE     STD       NME     STRET ADRESS       CITY-ST-2P     MIAMI, FL 33173       TITLE     NAME       STRET ADRESS     DO NOT WRITE       ITHE     NAME       STRET ADRESS     IN THIS SPACE       ITHE     IN THIS SPACE       ITHE     NAME       STRET ADRESS     IN THIS SPACE       ITHE     IN THIS SPACE       ITHE     IN THIS SPACE       ITHE     IN THE STD       NAME     STRET ADRESS       CITY-ST-2P     IN THIS SPACE       ITHE     IN THIS SPA	the obliga SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registere 9. Election Campaign Final	id Agent signature required	UFred when reinstating) DATE UDDDDD320042 \$5.00 May Be 05/14/08-80029-002 150.00
TITLE       IN THIS SPACE         NAME       STREET ADDRESS         CITY-ST-ZIP       TITLE         NAME       STREET ADDRESS         CITY-ST-ZIP       TITLE         TITLE       NAME         STREET ADDRESS       CITY-ST-ZIP         12. I hereby certify that the information supplied with this filling 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 that that my prignature shell 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 life empowered.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD ELIAS, NORMA B 10831 SW 58TH TERRACE MIAMI, FL 33173 STD ELIAS, YASMIN 10831 SW 58 TERRACE	CTORS		DO NOT WRITE
NAME         STREET ADDRESS         CITY-ST-ZP         12. I hereby certify that the notormation supplied with this filling 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 bignature 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.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				
SIGNATURE: $\times$ (705) 6 V Z - 200 Z	NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicated of the cor changed,	man	Ing does not qualify for the exa nd accurate and that not signal to execute this report as requi- lather life empowered.	emptions contained ture shall have the s red by Chapter 607	