


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

07-05-2005 90117 038 ***150.00
08-05-2005 90002 043 ***400.00

DOCUMENT # P99000061391	
1. Entity Name EL ARTE BAKERY & CAFETERIA INC.	

Principal Place of Business 8718 SW 40TH STREET MIAMI, FL 33165-5470	Mailing Address 8718 SW 40TH STREET MIAMI, FL 33165-5470
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50060058



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06292005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0873052		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, OLGA 9603 SW 57TH STREET MIAMI, FL 33173		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 _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RODRIGUEZ, OLGA 9603 SW 57TH STREET MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, OLGA 9603 SW 57TH STREET MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MONEY ORDER RECEIPT - NON NEGOTIABLE

To: Florida Department of State

*****SEND MONEY THE EASY WAY.**
VISIT US AT WWW.WESTERNUNION.COM

#P99000061391

RETAIN THIS RECEIPT - READ BELOW:
AGT 3/3303 LDC 000004 DT 063005 \$150.00 **1HUNDRED50DOLLARS **
AND NO CENTS*****

Payable to:
WESTERN UNION MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL RETURN REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK.
PURCHASE AGREEMENT: You the purchaser agree that Integrated Payment Systems Inc. (IPS) need not stop payment on, or replace, or refund a lost or stolen IPS Money Order unless (1) you fill in the back of the Money Order at the time of purchase, and (2) you report the loss or theft to Integrated Payment Systems Inc. in writing immediately, and (3) You provide IPS with this original Money Order receipt issued by Integrated Payment Systems Inc., Englewood, Colorado. For customer service, call 1-800-999-9660.

* 08365061605 *



TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information indicated on this report or supplement of the corporation or the receiver changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *OLGA RODRIGUEZ* **6/29/05** **305-221-7393**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LOAD THIS DIRECTION, THIS SIDE UP

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