2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2004 08:00 AM Secretary of State

1. Entity Name	IENT # P990000976 CAFETERIA RESTAURANT,			Secre	etary of State	
Principal Place 4705 NW 1831 MIAMI, FL 330	RD STREET	Mailing Address 4705 NW 183RD STREET MIAMI, FL 33055		i i kandal eta i	MINE NAIS WALL WEST METER WALE	m relit randa mirar bilar selikan it ikat
D	O NOT WRITE I		CE	02132004 4. FEI Number 65-0959	No Chg-P C	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
MATEO, SA 18606 NW 4 MIAMI, FL	INTA P 16TH AVENUE	and the same of th			NOT WR	1
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 agent agent agent agent agent agent agent agent and title if applicable (NOTE. Registered Agent a						
After Ma	NOW!!! FEE IS \$150.00 y 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be ed to Fees		
NAME STREET ADDRESS	OFFICERS AND DIF PD MATEO, SANTA 18606 NW 46 AVE OPA LOCKA, FL 33055	IECTORS			U0000000 02/27./04-80	7893 1019-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE
TITLE NAME STREET ADDRESS CITY -ST - ZIP				IN 7	THIS SPA	ICE
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					o compared to the control of the con	
of the corp	ertify that the information supplied with the or this report or supplemental report is truoration or the receiver or trustee empower or on an attachment with an address, will	ered to execute this report as requ	emption stated in Se ature shall have the aired by Chapter 60°	ection 119.07(3)(i same legal effect 7, Florida Statute), Florida Statutes. I fur t as if made under oath s; and that my name ap	opears in Block 10 or Block 11 if
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylore Phone #						