## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000104036

City-St-Zip:

MIAMI, FL 33166

FILED Jul 21, 2005 Secretary of State

Entity Nan	ne: CAFET	ALES INTERNATIONAL, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
6916 NW 5 SUITE 201 MIAMI, FL	1ST STREE 33166	ĒΤ			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
6916 NW 5 SUITE 201 MIAMI, FL	1ST STREE 33166	ĒΤ			
FEI Number:	65-0964312	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ESTRADA, HERNAN 6916 NW 51ST STREET SUITE 201 MIAMI, FL 33131 US			ESTRADA, HERNAN 6916 NW 51ST STREE <sup>-</sup> SUITE 201 MIAMI, FL 33166 US	6916 NW 51ST STREET SUITE 201	
The above in the State		y submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: HERNAN ESTRADA				07/21/2005	
	Electr	onic Signature of Registered Agen	t	Date	
		193(2)(b), F.S., the corporation did not ing Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD ESTRADA, H 6916 NW 51 MIAMI, FL 3	STREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ESTRADA, G 6916 NW 51 MIAMI, FL 3	STREET	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	D ESTRADA, S 6916 NW 51		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: HERNAN ESTRADA PSTD 07/21/2005