

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000019667

**Entity Name:** ALEIDA'S CAFETERIA INC.

**Current Principal Place of Business:**

186 NE 29 ST  
MIAMI, FL 33137

**FILED**  
**Jan 11, 2014**  
**Secretary of State**  
**CC9972200504**

**Current Mailing Address:**

186 NE 29 ST  
MIAMI, FL 33137

**FEI Number:** 65-0568380

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PLA, JOSE L  
10364 SW 2 ST  
MIAMI, FL 33174 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name PLA, JOSE L  
Address 10364 SW 2 STREET  
City-State-Zip: MIAMI FL 33174

Title STD  
Name PLA, LUCIA  
Address 10364 SW 2 STREET  
City-State-Zip: MIAMI FL 33174

Title D  
Name PLA, BELKIS R  
Address 10364 SW 2 STREET  
City-State-Zip: MIAMI FL 33174

Title D  
Name PLA MORERA, LEIDYS Y  
Address 10364 SW 2 STREET  
City-State-Zip: MIAMI FL 33174

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSE PLA

**PRESIDENT**

**01/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date