


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # G02070
 1. Entity Name
 CECCI CAFETERIA AND PRODUCE INC.



Principal Place of Business Mailing Address
 2450 N.E. MIAMI GARDENS DR., 2ND FLOOR 2450 N.E. MIAMI GARDENS DR., 2ND FLOOR
 NO. MIAMI BEACH, FL 33180 US NO. MIAMI BEACH, FL 33180 US

DO NOT WRITE IN THIS SPACE



05072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2651712 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SUPRASKI, LOUIS A ESQ
 2450 N.E. MIAMI GARDENS DR., 2ND FLOOR
 NO. MIAMI BEACH, FL 33180

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution \$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGEL GUILLERMO, LUIS 2450 N.E. MIAMI GARDENS DR., 2ND FLOOR NO. MIAMI BEACH, FL 33180
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 05/10/04-80027-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  5/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #