## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2005 08:00 AM Secretary of State

1. Entity Nam	MENT # K38352 CAFE, CORP.			Secretary of State
1001 E ATLA STE 202	ANTIC AVE	lailing Address 1000 MARKET STREET BLDG 1 PORTSMOUTH, NH 03802	us	
	33, 12 33, 33	0.000		
DO NOT WRITE IN THIS SPACE				01032005         No Chg-P         CR2E034 (10/03)           4. FEI Number NOT APPLICABLE         Applied For Not Applicable
Name and Address of Current Registered Agent				5. Certificate of Status Desired
CRITCHFIELD, RICHARD H 1745 N CONGRESS AVE. BOYNTON BEACH, FL 33426				DO NOT WRITE IN THIS SPACE
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 printing name of registered agent land tale if applicable. (NOTE Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution. Add			.00 May Be led to Fees	
10.	OFFICERS AND DIRE	CTORS		
NAME STREET ADDRESS CITY-ST-ZIP	WALSH, MARK 1001 E ATLANTIC AVE STE 202 DELRAY BEACH, FL 33483			Um o composition a C
TITLE NAME STREET ADDRESS CITY+ST-ZIP	T WALSH, MARK 1001 E ATLANTIC AVE STE 202 DELRAY BEACH, FL 33483			U00000332245 04/26/05-80050-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>===</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	<del>-</del>
12. I hereby certify that the information supplied with this filling 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 or 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 of 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.				