

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L64344	
1. Entity Name	
Executive Cafe of Clearwater, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25400 U.S. Highway 19 North		3. Mailing Address Same	
Suite, Apt. #, etc. 205		Suite, Apt. #, etc.	
City & State Clearwater, FL		City & State	
Zip 33763	Country	Zip	Country

U00000154049
05/04/04-80150-021 150.00

DO NOT WRITE IN THIS SPACE

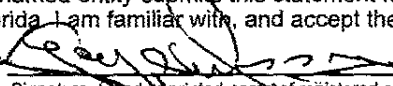
4. FEI Number 59-3006030	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name George Elmoussa	
Street Address (P.O. Box Number is Not Acceptable) 25400 U.S. Highway 19 North, Suite 205	
City Clearwater	Zip Code 33763

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  **George Elmoussa** ✓ 4-30-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

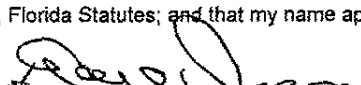
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P George Elmoussa 25400 US Highway 19 North, Suite 205 Clearwater, FL. 33763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000154049 05/04/04-80150-021 150.00
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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 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **George Elmoussa, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-30-04 727-797-4980
Date **Daytime Phone #**