


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000098394
1. Entity Name
TRADEPORT CAFE, INC.



Principal Place of Business Mailing Address
13291 VANTAGE WAY P O BOX 7896
SUITE 102 JACKSONVILLE, FL 32238
JACKSONVILLE, FL ~~32238~~ 32218

DO NOT WRITE IN THIS SPACE



04282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
14-1844460 Not Applicable

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

6. Name and Address of Current Registered Agent

WAINWRIGHT, MANNIE B
13291 VANTAGE WAY STE 102
JACKSONVILLE, FL ~~32238~~ 32218

**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 _____ (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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WAINWRIGHT, MANNIE B P O BOX 7896 JACKSONVILLE, FL 32238
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO WAINWRIGHT, DEBORAH P O BOX 7896 JACKSONVILLE, FL 32238
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05/03/05-80029-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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.

SIGNATURE: Deborah Wainwright Deborah Wainwright 4/28/05 (904) 741-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #