


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P05000088516

1. Entity Name
OUT OF THE BLUE CAFE & WINE BAR INC.



FILED

06 NOV 21 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11111 BISCAYNE BLVD APT 122
MIAMI, FL 33181

Mailing Address
11111 BISCAYNE BLVD APT 122
MIAMI, FL 33181



2. Principal Place of Business
2426 N.E. 2ND AVE.

3. Mailing Address
2426 NE 2ND AVE

Suite, Apt. #, etc.

09152006 Chg-P CR2E034 (11/05)

City & State
MIAMI, FL

Zip
33137

Country
USA

4. FEI Number
20-3509584

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MIRANDA, CARMEN E
11111 BISCAYNE BLVD APT 122
MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \$550.00 Due by September 15, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DP <input type="checkbox"/> Delete
NAME	MIRANDA, CARMEN E
STREET ADDRESS	11111 BISCAYNE BLVD APT 122
CITY-ST-ZIP	MIAMI, FL 33181
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700081191027
CITY-ST-ZIP	10/25/06--01049--020 **158.75
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 2006

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: *10-24-06* Daytime Phone # _____

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November 6, 2006

Division of Corporations
2670 Executive Center Circle, Suite 100
Tallahassee, FL 32301
Attn: Michelle Milligan

RE: Out of the Blue Café & Wine Bar
Document No. P05000088516

This is to inform you that I did not receive this form until I called on September 15, 2006 and spoke to one of your examiners who mailed me the form. I immediately returned the form with the fee. I am requesting that you please waive any penalty fee for this corporation and reinstate Out of the Blue Café & Wine Bar.

If you have any questions please do not hesitate to contact me at (305)302-1902.

Thank you for your attention to this matter.

Sincerely,



Carmen E. Miranda