

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115185

Entity Name: CAFE GENOVESE INC.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

1515 COUNTY RD 210 SUITE 108
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1515 COUNTY RD 210 SUITE 108
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 36-4593125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENOVESE, DEBRA
4605 PECOS CT
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: GENOVESE, DEBRA
Address: 4605 PECOS CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: VD () Delete
Name: GENOVESE, MARIO
Address: 4605 PECOS CT
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA GENOVESE

PTSD

04/29/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date