


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 20 PM 4:29

SECRET STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000078472</b> 1. Entity Name COLONY THEATER CAFE, INC.	
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Principal Place of Business 1040 LINCOLN ROAD MIAMI BEACH, FL 33139 US	Mailing Address 721 LINCOLN ROAD MIAMI BEACH, FL 33139 US
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address 1688 Meridian Ave Suite, Apt. #, etc. Suite # 400 City & State Miami Beach FL Zip      Country 33139      US	4. FEI Number 65-0950485 Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CAPOTE, BEATRIZ M  
 1101 BRICKELL AVENUE, 17TH FLOOR  
 MIAMI, FL 33131

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: *Graziano Sbroggio*      Graziano Sbroggio, VP      3/17/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> Delete
NAME	SOYKA, MARK
STREET ADDRESS	5582 NE 4 COURT STE 6
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VPS <input type="checkbox"/> Delete
NAME	SBROGGIO, SRAZIANO
STREET ADDRESS	11 ISLAND AVENUE #1611
CITY-ST-ZIP	MIAMI BEACH, FL 33139
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	<b>900054693349</b>
STREET ADDRESS	05/17/05--01080--007 **150.00
CITY-ST-ZIP	
TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sbroggio, Graziano
STREET ADDRESS	1688 Meridian Ave Ste 400
CITY-ST-ZIP	Miami Beach, FL 33139
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	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Graziano Sbroggio*      Graziano Sbroggio, VP      3/17/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (305) Daytime Phone # 932-1233