## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000022102

Entity Name: CONNECTIONS VIDEO CAFE INC.

FILED Jul 04, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2390 WILTON DRIVE 1365 ESTERO BLVD

WILTON MANORS, FL 33309 FORT MYERS BEACH, FL 33931

**Current Mailing Address: New Mailing Address:** 

12705 GRIFFING BLVD 12701 MASTIQUE BEACH BLVD NORTH MIAMI, FL 33161 1103

FORT MYERS, FL 33908

FEI Number: 20-4292625 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAESTRE, MANUEL A MAESTRE, MANUEL A 12705 GRIFFING BLVD 12701 MASTIQUE BEACH BLVD US NORTH MIAMI, FL 33161

FORT MYERS, FL 33908 US

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: MANUEL MAESTRE 07/04/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

MAESTRE, MANUEL A MAESTRE, MANUEL A Name: Name: 12705 GRIFFING BLVD 12701 MASTIQUE BEACH BLVD #1103 Address: Address:

FORT MYERS, FL 33908 City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip:

VΡ Title: VΡ (X) Change ( ) Addition Title: () Delete Name: ACEBO, LEONARDO Name: VANONI, HAMOUD

12705 GRIFFING BLVD 12701 MASTIQUE BEACH BLVD #1103 Address: Address:

NORTH MIAMI, FL 33161 FORT MYERS, FL 33908 City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title: DOMINGUEZ, DANILO MAESTRE, JOSE A Name: Name:

12705 GRIFFING BLVD 2912 70TH STREET WEST Address Address: City-St-Zip: NORTH MIAMI, FL 33161 City-St-Zip: LEHIGH ACRES, FL 33971

Title: () Delete Title: TR ( ) Change (X) Addition Name:

MAESTRE, DELFINA E Name: Address: Address: 2912 70TH STREET WEST City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33971

Title: Title: ( ) Change (X) Addition ( ) Delete

MAESTRE, ILEANA Name: Name: Address: Address: 3127 NW 17TH AVE City-St-Zip: City-St-Zip: CAPE CORAL, FL 33993

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: MANUEL A. MAESTRE PR 07/04/2007