2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000052138

Entity Name: ALPHA OMEGA CAFE, INC.

FILED Apr 20, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
5315 BENT SARASOT.	Г OAK DR A, FL 34232			6151 26TH STREET WEST BRADENTON, FL 34207		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
5315 BENT OAK DR SARASOTA, FL 34232				6151 26TH STREET WEST BRADENTON, FL 34207		
FEI Number:	20-8965094	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	l Address of	New Registered Agent:	
KANGALOO, HEATHER 5315 BENT OAK DR SARASOTA, FL 34232 US			6151 26T⊢	GAYON, MICHAEL A 6151 26TH STREET WEST BRADENTON, FL 34207 US		
	named entity s of Florida.	submits this statement for the p	purpose of changing i	its registered	office or registered agent, or both,	
SIGNATURE: MICHAEL GAYON				04/20/2009		
	Electron	ic Signature of Registered Ag	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () KANGALOO, HE 5315 BENT OAK SARASOTA, FL	C DR	Title: Name: Address: City-St-Zip:	BLACKRICK, 616 64TH AV	(X) Change()Addition WILLIAM G E DRIVE WEST I, FL 34207 US	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	FRANTZ, ME 1119 79TH S		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	GAYON, MIC	TREET WEST	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	BLACKRICK, 616 64TH AV	() Change (X) Addition JESSICA E 'E DRIVE WEST J. FL 34207 US	

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: MICHAEL GAYON VP 04/20/2009