

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000115185

**Entity Name:** CAFE GENOVESE INC.

**Current Principal Place of Business:**

1515 COUNTY RD 210 SUITE 108  
JACKSONVILLE, FL 32259

**Current Mailing Address:**

1515 COUNTY RD 210 SUITE 108  
JACKSONVILLE, FL 32259

**FEI Number:** 36-4593125

**Certificate of Status Desired:** No

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

GENOVESE, DEBRA  
248 ELLSWORTH CIRCLE  
ST.JOHNS, FL 32259 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PTSD  
Name           GENOVESE, DEBRA  
Address        4605 PECOS CT  
City-State-Zip: ST.JOHNS FL 32259

Title           VD  
Name           GENOVESE, MARIO  
Address        4605 PECOS CT  
City-State-Zip: ST.JOHNS FL 32259

*I hereby 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 all other like empowered.*

**SIGNATURE:** DEBRA GENOVESE

**PRESIDENT**

**02/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date