

2016 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

01/15/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date