

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000062573

**Entity Name:** MOSAIC CAFE, INC

**Current Principal Place of Business:**

8652 GRIFFIN ROAD  
COOPER CITY, FL 33328

**FILED**  
**Feb 22, 2013**  
**Secretary of State**  
**CC0660464607**

**Current Mailing Address:**

3370 NE 190TH STREET  
1513  
AVENTURA, FL 33180

**FEI Number:** 42-2730133

**Certificate of Status Desired:** No

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

KAMAREDINE, MOHAMAD  
3370 NE 190TH STREET  
1513  
AVENTURA, FL 33180 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            P  
Name            KAMAREDINE, MOHAMAD  
Address        3370 NE 190TH STREET #1513  
City-State-Zip: AVENTURA FL 33180

Title            VP  
Name            KAMAREDINE, NATALIYA  
Address        3370 NE 190TH STREET #1513  
City-State-Zip: AVENTURA FL 33180

*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:** NATALIYAKAMAREDINE

VP

02/22/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date