FILED
Aug 03, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 651156

1. Entity Name
CAUCUS ROOM, INC.

Principal Place of Business	Mailing Address
% NORTHRIDGE RAW BAR 969 E. COMMERCIAL BLVD. OAKLAND PARK, FL 33334	% NORTHRIDGE RAW BAR 969 E. COMMERCIAL BLVD OAKLAND PARK, FL 33334

DO NOT WRITE IN THIS SPACE

06122006 No Chg-P CR2E034 (11/05)

4. FEI Number:
59-1954276

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, THOMAS H
969 E. COMMERCIAL BLVD.
OAKLAND PARK, FL

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8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHNSON, THOMAS H
STREET ADDRESS	969 E COMMERCIAL BLVD
CITY-ST-ZIP	OAKLAND PARK FL
TITLE	ST
NAME	JOHNSON, SHELLEY
STREET ADDRESS	969 E. COMMERCIAL BLVD.
CITY-ST-ZIP	OAKLAND PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas H Johnson 7/25 954 491-5503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #