2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F97000001571



FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90350 015 ***150.00

THE POWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 10.	1. Entity Nam CAFE SF	FA - MINNEAPOLIS, INC.					011, 2 000			.00	
Suite, Apt. 4, etc.	750 LAKESHORE PARKWAY 750 LAKESHORE PARKWAY TAX DEPT. TAX DEPT.						IPNI 1888 8800 8816 6816	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 			
City & State City	Principal Place of Business 3. Mailing Address		3. Mailing Address								
22-2377052	Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.	Apt. #, etc.		03292006	Chg-P	CR2E03	4 (11/05)		
S. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 8. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature SIGNATURE SPACE, 1,000 Service COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 8. The above named entity submits this statement for the purpose of changing its registered agent, or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature required agent, or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature required agent, or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature required agent, or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature required agent, or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature required agent, or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature required agent, or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Signature required agent, or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. Or born, in the State of Florida.	City & State		City & State								
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Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Ag	jent		
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and acceptative obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptative obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptative obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptative obligations of registered agent, or both, in the State of Florida. It am familiar with, and acceptative registered agent, or both, in the State of Florida. It am familiar with, and acceptative registered agent, or both, in the State of Florida. It am familiar with, and acceptative registered agent, or both, in the State of Florida. It am familiar with, and acceptative registered agent, or both, in the State of Florida. It am familiar with, and acceptative registered agent, or both, in the State of Florida. It am familiar with, and acceptative registered agent, or both, in the State of Florida. It am familiar with, and acceptative registered agent, or both, in the State of Florida. It am familiar with, and acceptative registered agent, or both, in the State of Florida. It am familiar with, and acceptative registered agent, or both, in the State of Florida. It am familiar with, and acceptative registered agent, or both, in the State of Florida. It am familiar with, and accept the registered agent, or both, in the State of Florida. It am familiar with, and accept the registered agent, or both, in the State of Florida. It am familiar with, and accept the registered agent, or both, in the State of Florida. It am familiar with, and accept the registered agent, or both, in the State of Florida. It am familiar with, and accept the registered agent, or registered agent, or registered agent, or both, in the State of Florida. It am familiar with, and accept the registered agent.		<u> </u>				i .,					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu	1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
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 familier with, and accept the obligations of registered agent. SIGNATURE Signature Signature Signature to privace cornect ingressered agent and tilled applicable (NOTE Registered Agent signature required when ministanting) DATE	171227171	0022,12 02301-2020									
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Sprature, 1996d or permis name of registered agent and title of applicable (NOTE Registered Agent signature required when reinistring) STATE S	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.										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10.	SIGNATURE										
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.	Signature, typed or pxin-eq name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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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: 🗻

(205) 940-4745 Daytime Phone #