


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # G02070**  
 1. Entity Name  
**CECCI CAFETERIA AND PRODUCE INC.**



Principal Place of Business      Mailing Address  
**2450 N.E. MIAMI GARDENS DR., 2ND FLOOR**      **2450 N.E. MIAMI GARDENS DR., 2ND FLOOR**  
**NO. MIAMI BEACH, FL 33180 US**      **NO. MIAMI BEACH, FL 33180 US**

**DO NOT WRITE IN THIS SPACE**



05072004    No Chg-P    CR2E034 (10/03)

4. FEI Number  
**59-2651712**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SUPRASKI, LOUIS A ESQ**  
**2450 N.E. MIAMI GARDENS DR., 2ND FLOOR**  
**NO. MIAMI BEACH, FL 33180**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution        **\$5.00 May Be Added to Fees**    In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGEL GUILLERMO, LUIS 2450 N.E. MIAMI GARDENS DR., 2ND FLOOR NO. MIAMI BEACH, FL 33180
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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:**       **5/7/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #