2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K05427

Entity Name: MONTEGO BAY CAFE INC.

FILED Apr 09, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

2410 NW 43RD STREET GAINESVILLE, FL 32606 US

Current Mailing Address: New Mailing Address:

4190 NW 93 AVE 2410 NW 43RD STREET GAINESVILLE, FL 32653 US GAINESVILLE, FL 32606 US

FEI Number: 59-2870608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BUDD, HARVEY M
4190 NW 93RD AVE.
GAINESVILLE, FL 32653 US

HERNANDEZ. ROB
2410 NW 43RD ST.
GAINESVILLE, FL 32606

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: ROB HERNANDEZ 04/09/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: EDWARDS, JOHN W Name: HERNANDEZ, ROB

 Name:
 EDWARDS, JOHN W
 Name:
 HERNANDEZ, ROB

 Address:
 2410 NW 43 ST
 Address:
 2410 NW 43 ST

 City-St-Zip:
 GAINESVILLE, FL 32606
 City-St-Zip:
 GAINESVILLE, FL 32606

Title: V () Delete Title: V (X) Change () Addition

 Name:
 EDWARDS, SUSAN
 Name:
 HERNANDEZ, AMANDA

 Address:
 2410 NW 43ST
 Address:
 2410 NW 43ST

City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: GAINESVILLE, FL 32606

Title: ST () Delete Title: ST (X) Change () Addition Name: BUDD, HARVEY M Name: HERNANDEZ, AMANDA M

 Name:
 BUDD, HARVEY M
 Name:
 HERNANDEZ, AMANDA M

 Address:
 4190 NW 93 AVE
 Address:
 2410 NW 43RD STREET

 City-St-Zip:
 GAINESVILLE, FL 32653
 City-St-Zip:
 GAINESVILLE, FL 32606

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROB HERNANDEZ P 04/09/2004