


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L95127**  
 1. Entity Name  
 CAFE GLORIA, INC.



Principal Place of Business  
 7040 W. PALMETTO PARK RD  
 #3  
 BOCA RATON, FL 33433

Mailing Address  
 1250 SW 16 ST  
 BOCA RATON, FL 33486

**DO NOT WRITE IN THIS SPACE**



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0241863 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

QUELLIER, GLORIA  
 1250 S.W. 16 STREET  
 BOCA RATON, FL 33486

**DO NOT WRITE IN THIS SPACE**

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**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUELLIER, GLORIA
STREET ADDRESS	1250 SW 16 ST
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	VP
NAME	QUELLIER, JEAN LOUIS
STREET ADDRESS	1250 SW 16 ST
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UNIFORM 145430  
 05.17.04-R0024-020 150.00

**DO NOT WRITE IN THIS SPACE**

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 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: *Gloria Quellier* 04-25-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #