2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2004
Secretary of State

DOCUMENT# P00000021513

Entity Name: CAFE CALYPSO, INC.

Current Principal Place of Business:

6190 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

6190 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 65-0986006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WONG-HOLLIS, SHARON
6190 WEST OAKLAND PARK BLVD.
SUNRISE, FL 33313

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WONG-HOLLIS, SHARON
Address: 9102 NW 48TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: VP ( ) Delete
Name: HOLLIS, ESSIE B
Address: 9102 N W 48 STREET
City-St-Zip: SUNRISE, FL 33351

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARTIN, NEVILLE O MR.
Address: 6190 WEST OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33313 US

Title: S, T (X) Change ( ) Addition
Name: MARTIN, NEVILLE O MR.
Address: 6190 WEST OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33313 US

Title: D ( ) Change (X) Addition
Name: MARTIN, NEVILLE O MR.
Address: 6190 WEST OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33313 US

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: NEVILLE O MARTIN P 07/11/2004

Electronic Signature of Signing Officer or Director — Date