



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000021513						
1. Entity Name CAFE CALYPSO, INC.						
Principal Place of Business 6190 WEST OAKLAND PARK BLVD. SUNRISE, FL 33313	Mailing Address 6190 WEST OAKLAND PARK BLVD. SUNRISE, FL 33313	 04142005 No Chg-P CR2E034 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="padding: 2px;">4. FEI Number 65-0986006</td><td style="padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	4. FEI Number 65-0986006	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-0986006	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
DO NOT WRITE IN THIS SPACE						
6. Name and Address of Current Registered Agent MARTIN, NEVILLE O 6190 WEST OAKLAND PARK BLVD. SUNRISE, FL 33313		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, NEVILLE O MR. 6190 WEST OAKLAND PARK BLVD SUNRISE, FL 33313					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T MARTIN, NEVILLE O MR. 6190 WEST OAKLAND PARK BLVD SUNRISE, FL 33313					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, NEVILLE O MR. 6190 WEST OAKLAND PARK BLVD SUNRISE, FL 33313					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORRISON, BERYL F 9828 NORTH WEST 2ND STREET PLANTATION, FL 33324					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT MORRISON, BERYL F 9828 NORTH WEST 2ND STREET PLANTATION, FL 33324					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MORRISON, BERYL F 9828 NORTH WEST 2ND STREET PLANTATION, FL 33324					
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____						