




FILED
Apr 10, 2003 8:00 am
Secretary of State

0343273 AV

DOCUMENT #		P00000021513				Secretary of State	
1. Entity Name		CAFE CALYPSO, INC.				04-10-2003 90106 017 ***150.00	
Principal Place of Business		6190 WEST OAKLAND PARK BLVD. SUNRISE FL 33313		Mailing Address		6190 WEST OAKLAND PARK BLVD. SUNRISE FL 33313	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number		65-0986006	
Zip		Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WONG-HOLLIS, SHARON 6190 WEST OAKLAND PARK BLVD. SUNRISE FL 33313				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		D		TITLE			
NAME		WONG-HOLLIS, SHARON		NAME			
STREET ADDRESS		9102 NW 48TH STREET		STREET ADDRESS			
CITY-ST-ZIP		SUNRISE FL 33351		CITY-ST-ZIP			
TITLE		VP		TITLE			
NAME		HOLLIS, ESSIE B		NAME			
STREET ADDRESS		9102 N W 48 STREET		STREET ADDRESS			
CITY-ST-ZIP		SUNRISE FL 33351		CITY-ST-ZIP			
TITLE				TITLE			
NAME				NAME			
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CITY-ST-ZIP				CITY-ST-ZIP			
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: 				4/8/03 (954) 578-6900			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			