2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attach;

SIGNATURE:

address, with all other like empowered

Sep 06, 2006 8:00 am Secretary of State DOCUMENT # P00000037789 1. Entity Name 09-06-2006 90034 043 ***550.00 CAFE BRAVO ENTERPRISES, INC. Principal Place of Business Mailing Address 5840 NW 122 DRIVE 3414-C N OCEAN BLVD. CORAL SPRINGS FL 33076 FORT LAUDERDALE FL 33308 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. SAME 2nd MOORE CR2E034 (4/06) 4. FEI Number Applied For City & State 65-1044914 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -KRYLOV, ALEX ---5840 NW 122 DR. Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33076** Zip Code 8. The above named entity submits this statement for the purpose of manging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registers SIGNATURE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPTV TITLE ☐ Delete ☐ Change Addition KRYLOV, ALEX NAME 5840 NW 122 DR:12 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CiTY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP ☐ Delete TITLE TILLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

FILED