


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90292 025 ***150.00

DOCUMENT # P00000103056

1. Entity Name
RICKY'S CAFE, INC.



Principal Place of Business 1902 US HWY 92W AUBURNDALE, FL 33823	Mailing Address 1902 US HWY 92W AUBURNDALE, FL 33823
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DO NOT WRITE IN THIS SPACE

40060376



04092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3668725	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DEMOYA, CAROL
 1902 US HWY 92W
 AUBURNDALE, FL 33823

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMOYA, RICARDO 1902 US HWY 92W AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DEMOYA, CAROL 1902 US HWY 92W AUBURNDALE, FL 33823
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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: Carol E deMoya **CAROL E deMoya** 4/15/05 (1-863 965-3653)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #