

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000017351

1. Entity Name
MARABOU CAFE, INC.



Principal Place of Business
9940 PINES BLVD
PEMBROKE PINES, FL 33024

Mailing Address
9940 PINES BLVD
PEMBROKE PINES, FL 33024

FILED

05 AUG 24 PM 2:57

SECRET
TALLAHASSEE



07282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0652108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE, FL 33311-4132

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME FIRMIN, GERALD
STREET ADDRESS 9940 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE VP
NAME FIRMIN, GREGORY
STREET ADDRESS 9940 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE STD
NAME FIRMIN, REGGIE
STREET ADDRESS 9940 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200059141612
08/31/05--01003--015 **150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-20-05