

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000018039 1. Entity Name DAREBECAFE INVESTMENT CORP.	
--	---

Principal Place of Business 3380 S. MILITARY TRAIL LAKE WORTH, FL 33463	Mailing Address 3380 S. MILITARY TRAIL LAKE WORTH, FL 33463
---	---

DO NOT WRITE IN THIS SPACE



01312004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1083510	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent GIL, RENE 3380 S. MILITARY TRAIL LAKE WORTH, FL 33463

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 _____
---	--	------------

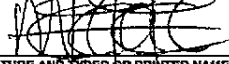
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIL, CARLOS ALBERTO 3380 S. MILITARY TRAIL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GIL, RENE 3380 S. MILITARY TRAIL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIL, BEATRIZ E 3380 S. MILITARY TRL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIL, DAVID 3380 S. MILITARY TRL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIL, CARLOS 3380 S. MILITARY TRL LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIL, FELIPE 3380 S. MILITARY TRL LAKE WORTH, FL 33463

U000000043308
02/10/04-80059-016 150.00

**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)(f), 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:  CARLOS GIL	Date 02/05/04	Daytime Phone # 5614344858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		