

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000050290

1. Entity Name  
CAFE ON THE GREEN CORP.



Principal Place of Business  
237 NW 122ND AVENUE  
CORAL SPRINGS, FL 33071

Mailing Address  
237 NW 122ND AVENUE  
CORAL SPRINGS, FL 33071

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**



04052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
11-3605312

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ANDRIS, GEORGE  
237 NW 122ND AVENUE  
CORAL SPRINGS, FL 33071

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ANDRIS, GEORGE
STREET ADDRESS	237 NW 122 AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	T
NAME	ANDRIS, ARIENE
STREET ADDRESS	237 NW 122 AVENUE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000928524  
05/21/08-80033-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 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 #

*Arlene Andris* *3/31/08* *442-6551*