


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

052981999 FH

DOCUMENT # P01000051739				Secretary of State	
1. Entity Name BABSON PARK CAFE, INC.				04-25-2003 90136 017 ***150.00	
Principal Place of Business 1020 SOUTH ALTERNATE 27 BABSON PARK FL 33827		Mailing Address 1020 SOUTH ALTERNATE 27 BABSON PARK FL 33827			
2. Principal Place of Business		3. Mailing Address PO BOX 311		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BABSON PARK FL		4. FEI Number 59-3722369	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33827		POIK			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
ELIA, SANDRA L 20 MARKET STREET LAKE WALES FL 33853		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME ELIA, SANDRA L STREET ADDRESS 830 ALDO ROAD CITY-ST-ZIP BABSON PARK FL 33827			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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:  RONALD L. ELIA 4-23-03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					