

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90446 020 ***150.00

DOCUMENT # P01000085730 1. Entity Name CIBERCAFE, CO.INC.					
Principal Place of Business 8076 NW 66TH STREET NORTH MIAMI, FL 33166			Mailing Address 8076 NW 66TH STREET NORTH MIAMI, FL 33166		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 20200 NE 29th CT N 217 AVENTURA, FL 33180 US			
4. FEI Number 65-1148536		Applied For ☐ Not Applicable		04292004 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ, GONZALO J 1691 N.E. 123 RD ST N. MIAMI, FL 33181			7. Name and Address of New Registered Agent 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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FERNANDEZ, GONZALO J 8076 NW 66TH STREET NORTH MIAMI, FL 33166		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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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: _____ GONZALO FERNANDEZ 4/28/2004 786-419-2100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					