

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 16, 2007 8:00 am
Secretary of State**

02-16-2007 90024 039 ***150.00

DOCUMENT # P01000114997																																						
1. Entity Name CYPO CAFE, INC.																																						
Principal Place of Business 7125 ABBOTT AVE. MIAMI BEACH, FL 33141		Mailing Address 7125 ABBOTT AVE. MIAMI BEACH, FL 33141																																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																				
City & State		City & State																																				
Zip	Country	Zip																																				
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																																				
PEREZ, MICHAEL 287 PARK BLVD MIAMI, FL 33126		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating) _____ <small>DATE</small> _____																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																				
10. OFFICERS AND DIRECTORS																																						
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																						
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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: <i>Sandra Luisa Oliveira</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																						
<small>Date</small> <i>02-08-07</i> <small>Daytime Phone #</small> _____																																						