


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2005 8:00 am
Secretary of State

08-16-2005 90040 001 ***150.00

DOCUMENT # P02000038956	
1. Entity Name FLORIBBEAN CAFE, INC.	

Principal Place of Business 9610 GREEN POINTE DR TAMPA, FL 33626	Mailing Address 9610 GREEN POINTE DR TAMPA, FL 33626
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50061866

2. Principal Place of Business 12055 Citrus Falls Cir	3. Mailing Address 12055 Citrus Falls Cir
Suite, Apt. #, etc. APT 102	Suite, Apt. #, etc. APT 102
City & State Tampa, FL	City & State Tampa, FL
Zip 33625	Country USA



08102005 Chg-P CR2E034 (10/03)

4. FEI Number 33-1026770	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRUZ, JUAN C 9610 GREEN POINTE DR TAMPA, FL 33626	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUZ, JUAN C 9610 GREEN POINTE DR TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUZ Juan C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12055 Citrus Falls Cir Apt. 102 Tampa, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OVALLE, MARIA A 9610 GREEN POINTE DR TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OVALLE Maria A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12055 Citrus Falls Cir Apt 102 Tampa, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

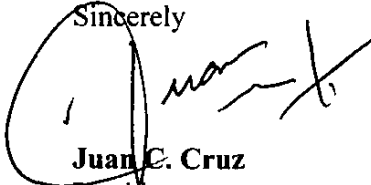
SIGNATURE:  **JUAN CARLOS CRUZ** 08/16/05 813-9204109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
50061866
#P02000038956
FLORIBBEAN CAFE INC
12055 CITRUS FALLS CIR APT 102
Tampa, FL 33625

Dear Sir / Madam:

We did not receive our annual report form. We contacted your office and was advised to send the report by mail we this letter .

Sincerely



Juan C. Cruz
President