

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081999

Entity Name: BLACK BEAN CAFE, INC.

FILED
Aug 28, 2008
Secretary of State

Current Principal Place of Business:

235 US HWY ONE
TEQUESTA, FL 33469 US

New Principal Place of Business:

3698 HOLIDAY RD
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

3698 HOLIDAY RD
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 82-0556352 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-OTAMENDI, DAVID
3698 HOLIDAY RD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARCIA-OTAMENDI, DAVID
Address: 3698 HOLIDAY RD
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: VICE () Delete
Name: GONZALEZ, RAUL VICEPRE
Address: 1029 CHEYENNE ST.
City-St-Zip: JUPITER, FL 33458 US

Title: SECR () Delete
Name: GARCIA, SEYLA L SECRETA
Address: 3698 HOLIDAY RD.
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GARCIA -OTAMENDI

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08/28/2008

Electronic Signature of Signing Officer or Director

Date