

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90017 006 \*\*\*150.00

**DOCUMENT # P02000101009**

1. Entity Name  
**JOEY'S CAFE, INC.**



Principal Place of Business  
**6650 S. FEDERAL HWY  
PORT SAINT LUCIE, FL 34952**

Mailing Address  
**6650 S. FEDERAL HWY  
PORT SAINT LUCIE, FL 34952**

**24076245**



03052003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2297329**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TUBITO, DENA  
710 SE HOLLAHAN AVE  
PORT ST LUCIE, FL 34983**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME TUBITO, DENA  
STREET ADDRESS 710 SE HOLLANAN AVE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE V  
NAME TUBITO, JOE  
STREET ADDRESS 710 SE HOLLANAN AVE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-13-04**

Date

**(772) 462-2600**

Daytime Phone #

Attachment

24076245  
PO 2000101009

JOEY'S CAFÉ, INC.  
6650 S. FEDERAL HIGHWAY  
PORT ST. LUCIE FL 34952

May 11, 2004

Department of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Gentlemen,

I have just have been notified by my accountant that I must renew my corporation every year. I am new to this and never received the Uniform Business Reports. I apologize for the unknown.

I have enclosed a check for \$150.00 and ask that you please waive the late fee given that I would have paid the fee promptly if I had received the Uniform Business Report in a timely manner.

Thank you,

Dena Tubito - President  
JOEY'S CAFÉ, INC.