2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # P020001283 PAY CAFE, INC.	232			08-02-2005	5 90034 013 ***15	0.00	
Principal Place of Business		Mailing Address		7		5005933	7	
6695 SW 30 ST MIAMI, FL 33155		6695 SW 30 ST Miami, FL 33155				3603333	ľ	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07202005	Chg-P	CR2E034 (10/03)		
City & State		City & State		4. FEI Numbe	PPLICABLE	 	plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	\$8.75 Add	litional	
	6. Name and Address of Current R	legistered Agent		7. Name and	Address of New I	***	<u> </u>	
OOLADO VIDIT			Name	Name				
COLADO, 6695 SW 3 MIAMI, FL	30 ST		Street Address ((P.O. Box Number is Not Acceptable)			
			City	. 19-75-112-1	***	FL Zip Code	9	
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or regist	ered agent, or bo	th, in the State of Fl	orida. 1 am familiar with,	and accept	
SIGNATURE_	Signature, type or goned name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signature requir	red when reinstating)		DATE		
FU	LE NOWILL FEE IS \$150.00 ue by September 7, 2005	9. Election Campaigr Trust Fund Contrib	· · · · · · · · · · · · · · · · · · ·	5.00 May Be ided to Fees	In accordance corporation did	with s. 607.193(2)(b), not receive the prior r	F.S., the notice.	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS,	CHANGES TO OF	FICERS AND DIRECTORS	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P COLADO, YUDIT 6695 SW 30 ST MIAMI, FL 33155	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Marie	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7111	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		43446.46	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	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 eath; 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

Date Daytime f



Letter Number: 305A00047540

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 20, 2005

BROADWAY CAFE, INC. 6695 SW 30 ST MIAMI, FL 33155

SUBJECT: BROADWAY CAFE, INC. Ref. Number: P02000128232

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator