


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90082 037 ***150.00

DOCUMENT # P03000018239	
1. Entity Name GRANDMAS CAFE CORP.	

Principal Place of Business 17749 COLLINS AVE SUNNY ISLES BEACH, FL 33160 US	Mailing Address 17749 COLLINS AVE SUNNY ISLES BEACH, FL 33160 US
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2. Principal Place of Business - No P.O. Box # 231-174 th Street Suite, Apt. #, etc. Apt. 1104	3. Mailing Address 231-174 th Street Suite, Apt. #, etc. Apt. 1104
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City & State Sunny Isles Beach, FL	City & State Sunny Isles Beach, FL
Zip 33160	Country USA

40112001



04302007 Chg-P CR2E034 (12/06)

4. FEI Number 04-3740383	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FUKSMAN, RAISA 17749 COLLINS AVE NORTH MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 231-174 th Street, Apt. 1104 City Sunny Isles Beach FL Zip Code 33160
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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: <i>Raisa Fuksman</i> - President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4.28.07

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FUKSMAN, RAISA 17749 COLLINS AVE SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Raisa Fuksman</i> 4.28.07 (305) 205-3100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #