

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

08-25-2005 90001 017 ***550.00

DOCUMENT # P03000039063

1. Entity Name
EMILY'S CAFE AND DELI, INC.



Principal Place of Business Mailing Address
16909 N. BAY RD., APT. 906 **16909 N. BAY RD., APT. 906**
SUNNY ISLES BCH, FL 33160 **SUNNY ISLES BCH, FL 33160**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08082005 Chg-P CR2E034 (10/03)

4. FEI Number

33-1052132

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOPITEA, ARTURO
16909 N. BAY RD., APT. 906
SUNNY ISLES BCH, FL 33160

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHOPITEA, ARTURO
16909 N. BAY RD., APT. 906
SUNNY ISLES BCH, FL 33160

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

50063284



President

8-17-05

ATTACHMENT

50063284
#P03000039063

8-17-05

Eula Peterson
Document Specialist

Ref
Annual Report

Dear Ms Peterson:

Subject:
Emily's Cafe & Deli, Inc.
Re. Number P03000039063

I have not received Annual
Report year 2005 even
at my home at

16909 N. Bay Rd apt. 905
Sunny Isles Beach, FL
33160.

Please be fair With us.
Attached check #416.
amt \$ 550⁰⁰/₁₀₀

Sincerely,

x [Signature]
Arthur Chopitea - President



ATTACHMENT

50063284

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 8, 2005 *

EMILY'S CAFE AND DELI, INC.
999 PONCE DE LEON BLVD., STE. 1
CORAL GABLES, FL 33134-3037

SUBJECT: EMILY'S CAFE AND DELI, INC.
Ref. Number: P03000039063

Thank you for your correspondence of July 25, 2005, which has been forwarded to me for response.

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

Enclosed is your 2005 Annual Report.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

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

Eula Peterson
Document Specialist

Letter Number: 705A00050781