


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90084 013 ***158.75

DOCUMENT # P03000074972					
1. Entity Name ZANTE CAFENEO, INC.					
Principal Place of Business 13 NORTH SAFFORD AVE TARPON SPRINGS, FL 34689			Mailing Address 13 NORTH SAFFORD AVE TARPON SPRINGS, FL 34689		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0637082	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SULLIVAN, BRADFORD 13 N. SAFFORD AVE. TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name <u>Elizabeth Sullivan</u> Street Address (P.O. Box Number is Not Acceptable) <u>13 N. Safford Ave.</u> City <u>Tarpon Springs</u> <u>FL</u> Zip Code <u>34689</u>		
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 <u>E. Salk</u> DATE <u>4-12-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <u>SULLIVAN, BRADFORD</u> <input checked="" type="checkbox"/> Delete <u>13 N. SAFFORD AVE.</u> <u>TARPON SPRINGS, FL 34689</u>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <u>Elizabeth Sullivan</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>13 N. Safford Ave.</u> <u>Tarpon Springs FL 34689</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>E. Salk</u>			Date <u>4-12-04</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		