

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90085 024 ***150.00

DOCUMENT # P03000075578

1. Entity Name
 FORT MYERS BEACH CAFE, INC.



Principal Place of Business
 16305 SAN CARLOS BLVD.
 FORT MYERS, FL 33912

Mailing Address
 1650 SYCAMORE AVE, SUITE 15
 BOHEMIA, NY

40089977



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04242006 Chg-P CR2E034 (11/05)

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
 56-2381151

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 TAVERAS, ALEX F
 16305 SAN CARLOS BLVD.
 FORT MYERS, FL 33912

7. Name and Address of New Registered Agent
 Name **JUAN TAVERAS**
 Street Address (P.O. Box Number is Not Acceptable)
16305 SAN CARLOS BLVD
 City **FORT MYERS** FL Zip Code **33912**

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 *Alex F Taveras*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVST TAVERAS, ALEX F 20 SAND LANE ISLANDIA, NY 11749 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TAVERAS, JUAN F 23 HICKORY STREET CENTRAL ISLIP, NY 11723 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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: *Alex F Taveras*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *5/6/06*
 Daytime Phone #

Taveras Alex