2004 FOR PROFIT CORPORATION

May 03, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT-#-P03000076568 05-03-2004 90396 002 ***150.00 CUGINE'S CAFE, INC Principal Place of Business Mailing Address 933 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 933 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite Apt. # etc. Suite, Apt. # etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUIGI, ACCARDO Street Address (P.O. Box Number is Not Acceptable) 933 W. INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL 32114 City 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 required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Indition I TITLE ☐ Delete LUIGI, ACCARDO NAME NAME STREET ADDRESS 933 W. INTERNATIONAL SPEEDWAY BLVD STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change | Addition TITLE JANICE, NASUTI NAME STREET ADDRESS 933 W. INTERNATIONAL SPEEDWAY BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 ☐ Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE

12. Thereby 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ICER OR DIRECTOR