2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 07, 2004 8:00 am Secretary of State **DOCUMENT # P03000096638** 04-07-2004 90029 042 ***150.00 FERNANDEZ DE BULL CAFE, INC. Mailing Address Principal Place of Business 7830 SAND PINE CT., UNIT 1 7830 SAND PINE CT., UNIT 1 NAPLES, FL 34104 NAPLES, FL 34104 2. Principal Place of Business 3. Mailing Address 1830 SANDDINE C+ ternander De Bull (ste Suite, Apt. #, etc. 03232004 CR2E034 (10/03) 265 Airport R <u>+a</u>A Applied For City & State 4. FEI Number 34104 20-0196594 Not Applicable Country \$8.75 Additional Zio .Country Zip 5. Certificate of Status Desired Fee Required SO 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Alfredo-P-Fernandez FERNANDEZ, LUIS F Street Address (P.O. Box Number is Not Acceptable) 7830 SAND PINE CT., UNIT 1 NAPLES, FL 34104 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. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition Delete TITLE TITLE FERNANDEZ, LUIS F NAME NAME STREET ADDRESS STREET ADDRESS 7830 SAND PINE CT., UNIT 1 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34104 Delete TITLE ☐ Change ☐ Addition TITLE NAME FERNANDEZ, RAQUEL NAME STREET ADDRESS 7830 SAND PINE CT., UNIT 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34104 Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Arlyn Fernandez 14736 seatte slew 71. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 1984 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.

FILED