

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90311 009 \*\*\*150.00

<b>DOCUMENT # P04000068203</b> 1. Entity Name <b>CESKE &amp; SLOVENSKE DELI INC.</b>					
Principal Place of Business <b>1970 E OSCEOLA PKWY UNIT 254 KISSIMMEE, FL 34743</b>			Mailing Address <b>1970 E OSCEOLA PKWY UNIT 254 KISSIMMEE, FL 34743</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04132005    Chg-P    CR2E034 (10/03)	
City & State		City & State		4. FEI Number <b>56 - 245 6099</b>	
Zip      Country		Zip      Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP <b>SUTKA, PETR</b> <b>1970 E OSCEOLA PKWY UNIT 254</b> <b>KISSIMMEE, FL 34743</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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: <b>x</b>			04-14-2005		
<small>SIGNATURE AND EXPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date      Daytime Phone #</small>		

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