$ilde{-2}$ 005 for profit corporation **ANNUAL REPORT (AR)**

Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # P04000073774 1. Entity Name 02-28-2005 90197 029 ***158.75 EUROPEAN CAFE BOCA INC. Principal Place of Business Mailing Address PALMETTO PLACE 99 MINZER BLVD BOCA RATON FL 33432 PALMETTO PLACE 99 MINZER BLVD **BOCA RATON FL 33432** 3. Mailing Address 3844 SW 53 Street 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 20-067677 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REEIS, MIRA Street Address (P.O. Box Number is Not Acceptable) 3844 S W 53 ST FT LAUDERDALE FL 33312 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOLAN, DAVID NAME NAME STREET ADDRESS 3844 S W 53 ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE Delete ☐ Addition REEIS, MIRA NAME NAME STREET ADDRESS 3844 S W 53 ST STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE 3844 SW 53 Street Ft. Landerdâle, FL 33312 MARTIN, STEVEN STREET ADDRESS STREET ADDRESS 1306 GREEN VIEW WAY CITY-ST-ZIP CITY-ST-ZIP TOMS RIVER NJ 08753 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

SIGNATURE: _

FILED