

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000073774**

1. Entity Name  
**EUROPEAN CAFE BOCA INC.**



Principal Place of Business  
**PALMETTO PLACE 99 MINZER BLVD  
BOCA RATON, FL 33432**

Mailing Address  
**3844 SW 53 STREET  
FORT LAUDERDALE, FL 33312**



04152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1067677**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REEIS, MIRA  
3844 S W 53 ST  
FT LAUDERDALE, FL 33312**

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	GOLAN, DAVID
STREET ADDRESS	3844 S W 53 ST
CITY - ST - ZIP	FT LAUDERDALE, FL 33312
TITLE	V
NAME	REEIS, MIRA
STREET ADDRESS	3844 S W 53 ST
CITY - ST - ZIP	FT LAUDERDALE, FL 33312
TITLE	V
NAME	MARTIN, STEVEN
STREET ADDRESS	384 SW 53 STREET
CITY - ST - ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000714341  
04/27/07-80019-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Mira Reeis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

954-893-0088

Daytime Phone #