


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

6/1

FILED
Jul 11, 2005 8:00 am
Secretary of State

06-01-2005 90018 016 ***150.00

DOCUMENT # P04000108989					
1. Entity Name MAGNOLIA'S CAFE, CORP.					
Principal Place of Business 1570 W 46TH ST #112 HIALEAH, FL 33012			Mailing Address 1570 W 46TH ST #112 HIALEAH, FL 33012		
2. Principal Place of Business		3. Mailing Address <i>409 East Oklawaha Rd.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>Hialeah, Fla.</i>		4. FEI Number <i>43-2070002</i>	
Zip		Country		Zip <i>33010</i>	
Country		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JO, PABLO A 575 EAST 21 STREET #6 HIALEAH, FL 33013			7. Name and Address of New Registered Agent Name <i>Jo, Pablo A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3531 S.W. 136th.</i> City <i>Miami</i> FL Zip Code <i>33125</i>		
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 <i>[Signature]</i>			DATE <i>7/4/05</i>		
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JO, PABLO A 575 EAST 21 STREET #6 HIALEAH, FL 33013	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JO, PABLO A 575 EAST 21 STREET #6 HIALEAH, FL 33013	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JO, PABLO A 575 EAST 21 STREET #6 HIALEAH, FL 33013	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JO, PABLO A 575 EAST 21 STREET #6 HIALEAH, FL 33013	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JO, PABLO A 575 EAST 21 STREET #6 HIALEAH, FL 33013	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>[Signature]</i>			DATE: <i>04-29-05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE:		