

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90036 019 \*\*\*158.75

<b>DOCUMENT # P04000116278</b> 1. Entity Name <b>CARMELITA'S CAFE, INC.</b>					
Principal Place of Business <b>6955 OLD HWY 37 LAKELAND, FL 33811</b>			Mailing Address <b>6955 OLD HWY 37 LAKELAND, FL 33811</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1474915</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COMPARETTO, TANYA M 114 N TENNESSEE AVE SUITE 204 LAKELAND, FL 33801</b>			7. Name and Address of New Registered Agent Name <b>Harold Rimes</b> Street Address (P.O. Box Number is Not Acceptable) <b>6955 Old Hwy 37</b> City <b>Lakeland</b> <b>FL</b> Zip Code <b>33811</b>		
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 <u><i>Harold Rimes</i></u> <span style="float: right;">07-17-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</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	P RIMES, HAROLD A 4062 HOLLYHEAD CIRCLE NORTH LAKELAND, FL 33811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM SANTIAGO, HECTOR 4062 HOLLYHEAD CIRCLE NORTH LAKELAND, FL 33811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIMES, CARMEN 4062 HOLLYHEAD CIRCLE NORTH LAKELAND, FL 33811	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
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 <u><i>Harold Rimes</i></u> <span style="float: right;">07-17-07</span> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		