


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90232 028 \*\*\*150.00

<b>DOCUMENT # P04000127328</b>			
1. Entity Name <b>VILLAGGIO CAFE, INC.</b>			
Principal Place of Business <b>3902 UPOLO LANE NAPLES, FL 34119</b>		Mailing Address <b>3902 UPOLO LANE NAPLES, FL 34119</b>	
2. Principal Place of Business <b>The Villaggio Cafe</b> Suite, Apt. #, etc. <b>506#</b>		3. Mailing Address <b>4350 Gulfshore Blvd N</b> Suite, Apt. #, etc.	
City & State <b>Naples FL</b>		City & State <b>Naples FL</b>	
Zip <b>34103</b>	Country	Zip	Country
4. FEI Number <b>20-1588279</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BRUNO, MICHELLE 3902 UPOLO LANE NAPLES, FL 34119</b>		7. Name and Address of New Registered Agent Name <b>The Villaggio Cafe</b> Street Address (P.O. Box Number is Not Acceptable) <b>4350 Gulfshore Blvd N</b> City <b>Naples FL</b> Zip Code <b>34103</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 _____ DATE _____ <small>Signatures, typed or printed name of registered agents and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	PSTD BRUNO, MICHELLE 3902 UPOLO LANE NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 807, 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>Michelle Bruno</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/14/05</u> <small>Daytime Phone #</small>	

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