


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90113 038 ***158.75

DOCUMENT # P04000135651			
1. Entity Name TR CAFFE FLORIDA, INC.			
Principal Place of Business 7602 SANDSTONE DRIVE ORLANDO, FL 32836		Mailing Address 7602 SANDSTONE DRIVE ORLANDO, FL 32836	
2. Principal Place of Business		3. Mailing Address <i>P.O. Box 1487</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>WINDERMERE, FL</i>	
Zip	Country	Zip <i>34786</i>	Country

20016087



03122006 Chg-P CR2E034 (11/05)

4. FEI Number
32-0127374

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GENERAL COUNSEL ADVISORS, P.A. 1001 N. LAKE DESTINY ROAD SUITE 300 MAITLAND, FL 32751		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	D BIZRI, ADNAN 7602 SANDSTONE DRIVE ORLANDO, FL 32836 <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 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: _____ Date: *3-12-06* Daytime Phone # _____