

Sent By: RIO SMIDHUM & MANLEY;

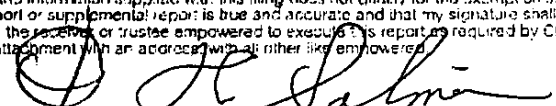
813 877 1050;

At

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90492 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000149443					
1. Entity Name CAFE TAMPA BAY, INC.					
Principal Place of Business PO BOX 292071 TAMPA, FL 33687			Mailing Address PO BOX 292071 TAMPA, FL 33687		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FBI Number 20-1823522			Applied For (Not Applicable)		
5. Fee for Initial or Subsequent Renewal \$11.75 Additional Fee Required			6. Name and Address of Current Registered Agent SOLIMAN, HASSANEIN 1233 ACAPPELLA LANE APOLLO BEACH, FL 33572		
7. Name and Address of New Registered Agent			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 and familiar with and accepts the obligations of registered agent.					
SIGNATURE _____ Signature typed or printed name of registered agent and filed by applicant (NOTE: Registered Agent signature is not required when renewing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 10		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SOLIMAN, HASSANEIN		NAME		
STREET ADDRESS	PO BOX 292071		STREET ADDRESS		
CITY-STATE-ZIP	TAMPA, FL 33687		CITY-STATE-ZIP		
TITLE	DS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SOLIMAN, HANNA		NAME		
STREET ADDRESS	PO BOX 292071		STREET ADDRESS		
CITY-STATE-ZIP	TAMPA, FL 33687		CITY-STATE-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SOLIMAN, ANDREW		NAME		
STREET ADDRESS	PO BOX 292071		STREET ADDRESS		
CITY-STATE-ZIP	TAMPA, FL 33687		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exempt or the exempt or stated in Section 113.07(3)(c), 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 I 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 changed, or on an attachment with an address with all other like employees.					
SIGNATURE: 			OWNER 4-29-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					