


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # P04000172347</b>	
1. Entity Name <b>CAFE SOHO, INC.</b>	

08-11-2005 90008 001 \*\*\*550.00  
08-11-2005 90008 002 \*\*\*\*\*8.75

Principal Place of Business <b>18650 GULF BOULEVARD #103 INDIAN SHORES, FL 33785</b>	Mailing Address <b>18650 GULF BOULEVARD #103 INDIAN SHORES, FL 33785</b>
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2. Principal Place of Business <b>19221 GULF BOULEVARD</b>	3. Mailing Address <b>2413 BAYSHORE BLVD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>#1506</b>

08072005 Chg-P CR2E034 (10/03)

City & State <b>INDIAN SHORES, FL</b>	City & State <b>TAMPA, FL</b>
Zip <b>33785</b>	Country <b>PINELLAS</b>
Zip <b>33629</b>	Country <b>HILLSBOROUGH</b>

4. FEI Number <b>562493508</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GRECO, FRANK J ESQ. 4047 HENDERSON BOULEVARD TAMPA, FL 33629</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMORZA, MARGARITA M 18650 GULF BOULEVARD #103 INDIAN SHORES, FL 33785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2413 BAYSHORE BOULEVARD, #1506 TAMPA, FL 33629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:** Margarita M. Almorza *Margarita M. Almorza*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date August 8, 2005 Daytime Phone # (813) 220-1240 cell  
(813) 859-9019