



2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/5/2006-90024-036-\$550.00-\$550.00

DOCUMENT # P05000006438 1. Entity Name CALI RESTAURANT AND BAKERY, INC.				FILED 06 SEP 25 PM 12: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2302 W. COLUMBUS DRIVE TAMPA, FL 33607 US		Mailing Address 2302 W. COLUMBUS DRIVE TAMPA, FL 33607 US			
2. Principal Place of Business 2302 W. Columbus Dr.		3. Mailing Address 2302 W. Columbus Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tampa FL.		City & State Tampa FL.		4. FEI Number 68-0602031	
Zip 33607		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDONA, MARIANO 2302 W. COLUMBUS DRIVE TAMPA, FL 33607		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	P CARDONA, MARIANO 2302 W. COLUMBUS DRIVE TAMPA, FL 33607	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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>Mariano O. Cordona</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>		08-28-06 (813-251-9688) <small>Date Daytime Phone #</small>			