

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90257 021 ***150.00

DOCUMENT # P05000011469

1. Entity Name
CAFE VINO INC.



Principal Place of Business

464012 SR 200
YULEE, FL 32097 US

Mailing Address

464012 SR 200
YULEE, FL 32097 US

50000006



2. Principal Place of Business - No P.O. Box #

22 LONG POINT DRIVE

Suite, Apt. #, etc.

3. Mailing Address

22 LONG POINT DRIVE

Suite, Apt. #, etc.

01112007

Chg-P

CR2E034 (12/06)

City & State

AMELIA ISLAND, FL

City & State

AMELIA ISLAND, FL

4. FEI Number

20-2215225

Applied For

Not Applicable

Zip

32034

Country

NASSAU

Zip

32034

Country

NASSAU

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LACHARITE, ROGER
22 LONG POINT DRIVE
AMELIA ISLAND, FL 32034

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete
NAME **LACHARITE, ROGER**
STREET ADDRESS **464012 SR 200**
CITY-ST-ZIP **YULEE, FL 32097**

TITLE **SECR** ☐ Delete
NAME **LACHARITE, MARY GLEN**
STREET ADDRESS **464012 SR 200**
CITY-ST-ZIP **YULEE, FL 32097**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT, TREASURER** ☒ Change ☐ Addition
NAME **LACHARITE, ROGER**
STREET ADDRESS **22 LONG POINT DRIVE**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE **SECRETARY, VICE PRESIDENT** ☒ Change ☐ Addition
NAME **LACHARITE, MARY GLEN**
STREET ADDRESS **22 LONG POINT DRIVE**
CITY-ST-ZIP **AMELIA ISLAND, FL 32034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROGER LACHARITE

Date

1/11/07 (904) 321-4262

Daytime Phone #