

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 APR 20 PM 12:33

DOCUMENT # P05000020546

1. Entity Name

Belvedere Cafe, Inc.



Principal Place of Business  
3001 W COMMERCIAL BLVD  
TAMARAC, FL 33319

Mailing Address

~~4465 NW 65TH TERR~~  
~~LAUDERHILL, FL 33319~~

3581 COLLONADE DRIVE  
WELLINGTON, FL 33467

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-8536812

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

SAINT-SURIN, REGINE  
4464 NW 65TH TERR.  
LAUDERHILL, FL 33319

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

Amended AR is \$61.25

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 PD  
NAME SAINT-SURIN, REGINE  
STREET ADDRESS 4465 NW 65TH TERR.  
CITY-ST-ZIP LAUDERHILL, FL 33319 ☒ Delete

TITLE VD  
NAME EXAVIER, ANALOS  
STREET ADDRESS 4465 NW 65TH TERR.  
CITY-ST-ZIP LAUDERHILL, FL 33319 ☒ Delete

TITLE STD  
NAME MAURICE, EXAVIER  
STREET ADDRESS 4465 NW 65TH TERR.  
CITY-ST-ZIP LAUDERHILL, FL 33319 ☒ Delete

TITLE D  
NAME ABELARD, MARIE C  
STREET ADDRESS 747 NW 155 TERR  
CITY-ST-ZIP PEMBROKE PINES, FL 33028 ☒ Delete

TITLE D  
NAME GEORGES, MARC A  
STREET ADDRESS 4465 NW 65 TERR  
CITY-ST-ZIP LAUDERHILL, FL 33319 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE P.D.  
NAME CARLINE MAURICE  
STREET ADDRESS 3581 COLLONADE DRIVE  
CITY-ST-ZIP WELLINGTON, FL 33467 ☐ Change ☒ Addition

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

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

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

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

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

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-07

Date

757-234-2101

Daytime Phone #

7/24/25