

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 08, 2006 8:00 am  
Secretary of State**

05-08-2006 90303 010 \*\*\*150.00

DOCUMENT # P05000046623		
1. Entity Name PIPO'S CAFE, INC.		

Principal Place of Business 120 BOSPHOROUS AVENUE TAMPA, FL 33606	Mailing Address 120 BOSPHOROUS AVENUE TAMPA, FL 33606
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2. Principal Place of Business	3. Mailing Address <i>3501 N. Azalea Ave.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Tampa, FL</i>
Zip	Zip <i>33607</i>
Country	Country <i>Hillsborough</i>

6. Name and Address of Current Registered Agent
HERNANDEZ, DANIEL 120 BOSPHOROUS AVENUE TAMPA, FL 33606



05032006 Chg-P CR2E034 (11/05)

4. FEI Number <i>20-2590456</i>	Applied For <input checked="" type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <i>FL</i> 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 <i>[Signature]</i>	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, DANIEL 120 BOSPHOROUS AVENUE TAMPA, FL 33606	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <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: <i>[Signature]</i>	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		