

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/6/2006-90034-019-\$150.00-\$150.00 -Am 61763-C

FILED

2006 OCT 18 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/06)

DOCUMENT # P05000060861																																							
1. Entity Name MARINNA'S CAFE, INC.																																							
Principal Place of Business 328 SE 26TH TERRACE CAPE CORAL FL 33904		Mailing Address 328 SE 26TH TERRACE CAPE CORAL FL 33904																																					
2. Principal Place of Business <i>211 Hancock Bkw</i>		3. Mailing Address																																					
Suite, Apt. #, etc. <i>9</i>		Suite, Apt. #, etc.																																					
City & State <i>Cape Coral</i>		City & State																																					
Zip <i>FL 33990</i>		Country <i>U.S.A</i>																																					
6. Name and Address of Current Registered Agent BAUDIN, BERLINA M 328 SE 26TH TERRACE CAPE CORAL FL 33904		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 _____		DATE _____																																					
<p>FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State</p>		<p>S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/></p>																																					
<p>10. OFFICERS AND DIRECTORS</p> <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>P BAUDIN, BERLINA M 328 SE 26TH TERRACE CAPE CORAL FL 33904</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>P BAUDIN, CHRISNER 328 SE 26TH TERRACE CAPE CORAL FL 33904</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUDIN, BERLINA M 328 SE 26TH TERRACE CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUDIN, CHRISNER 328 SE 26TH TERRACE CAPE CORAL FL 33904	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2"> <p>000081020630 10/19/06--01029--005 **165.00</p> </td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<p>000081020630 10/19/06--01029--005 **165.00</p>			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	P BAUDIN, BERLINA M 328 SE 26TH TERRACE CAPE CORAL FL 33904	<input type="checkbox"/> Delete																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAUDIN, CHRISNER 328 SE 26TH TERRACE CAPE CORAL FL 33904	<input type="checkbox"/> Delete																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																																					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete																																					
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																																					
<p>000081020630 10/19/06--01029--005 **165.00</p>																																							
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																																					
<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>																																							
<p>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.</p>																																							
SIGNATURE: _____		Date _____																																					
SIGNATURE: _____		Daytime Phone # _____																																					

Per Pat Bailey 10/25