

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90177 041 \*\*\*150.00

<b>DOCUMENT # P05000061106</b> 1. Entity Name <b>BOBBI'S CAFE, INC.</b>																																																																																																															
Principal Place of Business <del>8610 NW 51ST ST.</del> <del>LAUDERHILL FL 33351</del> <i>(Boca Medical Bldg)</i> <b>1905 Clint Moore</b>		Mailing Address <b>8610 NW 51ST ST.</b> <b>LAUDERHILL FL 33351</b>																																																																																																													
2. Principal Place of Business <i>1905 Clint Moore</i> Suite, Apt. #, etc. <i>Lobby</i>		3. Mailing Address Suite, Apt. #, etc.  																																																																																																													
City & State <i>Boca Raton, FL</i>		City & State  																																																																																																													
Zip <i>33496</i>		Country <i>USA</i>																																																																																																													
4. FEI Number <b>06-1762503</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																													
6. Name and Address of Current Registered Agent  <b>SWEDO, ROBERTA E</b> <b>8610 NW 51ST ST.</b> <b>LAUDERHILL FL 33351</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																													
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 reconstituting) Signature, typed or printed name of registered agent and title if applicable. _____ DATE _____																																																																																																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.																																																																																																															
<b>SIGNATURE:</b> <i>Roberta E Swedo</i> <b>Roberta E Swedo V.P.</b> <i>4/9/06 954-253-1360</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																																																																																																															