

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075315

Entity Name: WILD ORCHIDS CAFE', INC.

FILED  
Feb 02, 2009  
Secretary of State

## Current Principal Place of Business:

1036B ROYAL PALM BEACH BLVD  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

11924 FOREST HILL BLVD  
SUITE 22-285  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 20-2999266

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRANNOCK, G STEVEN  
1800 SO. AUSTRALIAN AVE.  
402  
WEST PALM BEACH, FL 33409 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FALCI, CHRIS PAUL  
Address: 2113 SHOMA DRIVE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: S ( ) Delete  
Name: FALCI, MARISA  
Address: 2113 SHOMA DRIVE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP ( ) Delete  
Name: FALCI, ROGER  
Address: 2174 AMESBURY CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: T ( ) Delete  
Name: FALCI, HELEN  
Address: 2174 AMESBURY CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FALCI, CHRIS PAUL  
Address: 1607 WINDSHIP CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: S (X) Change ( ) Addition  
Name: FALCI, MARISA  
Address: 1607 WINDSHIP CIRCLE  
City-St-Zip: WELLINGTON, FL 33414 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN M. FALCI

T

02/02/2009

Electronic Signature of Signing Officer or Director

Date