


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000123306 1. Entity Name CABRAL-JORDAN MEDITERRANNA CUISINE CORP.	
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Principal Place of Business 12377 S CLEVELAND AVE. FORT MYERS, FL 33907	Mailing Address 1702-4 PARK MEADOWS DR. FORT MYERS, FL 33907
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DO NOT WRITE IN THIS SPACE

"Dept. of State"



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3916475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JORDAN, BRIAN L 1702-4 PARK MEADOWS DR. FORT MYERS, FL 33907	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000639423 02/28/07-80026-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JORDAN, BRIAN L SR 1702-4 PARK MEADOWS DR. FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CABRAL, GLORIA M 1702-4 PARK MEADOWS DR. FORT MYERS, FL 33907
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**DO NOT WRITE
IN THIS SPACE**

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:  **2/19/07** **(239) 561-4523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #