2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 13, 2006 8:00 am
Secretary of State

03-21-2006 90039 029 ***150.00

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DOCUMENT # P05000167828

1. Entity Name
COOKBOOK CAFE, INC.

Principal Place of Business	Mailing Address
45 NORTH CONGRESS AVENUE SUITE B1 DELRAY BEACH, FL 33445-3409	45 NORTH CONGRESS AVENUE SUITE B1 DELRAY BEACH, FL 33445-3409

02072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-4022979 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRANET, LLOYD ESQ
2295 NW CORPORATE BLVD SUITE 235
BOCA RATON, FL 33431-7330

7. Name and Address of New Registered Agent

Name HIMMELRICH, WILLIAM
Street Address (P.O. Box Number is Not Acceptable) 45 N CONGRESS AVENUE STE B1
City DELRAY BEACH FL Zip Code 33445

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 [signature] 3/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Himmelrich, William B 1304 N. Ocean Blvd. Gulfstream, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 3/6/06 561-276-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #