2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000011182

1. Entity Name

MARIO'S ICE CREAM CAFE, INC.



Principal Place of Business

3847 EAST TAMIAMI TRAIL NAPLES, FL 34112 Mailing Address

3847 EAST TAMIAMI TRAIL NAPLES, FL 34112

FILED Apr 02, 2008 8:00 am Secretary of State

04-02-2008 90033 044 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 59-3562786 Not Applicable

5. Certificate of Status Desired

01112008

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CESAR, ALSINA 8951 BONITA BEACH ROAD 104 BONITA SPRINGS, FL 34135

DO NOT WRITE IN THIS SPACE

No Chg-P

BUNITA SFRINGS, FL 34135			III THIS STASE					
8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State	of Florida. I am fami	liar with, and acco	ept
SIGNATURE	Signeture, typed or printed name of registered agent and title i	f applicable. (NOTE: Registere	d Agent signature	required when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS		* * * ·	' 			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANARIS, PANAGIOTIS 5530 RATTLESNAKE HMK - APT 104 NAPLES, FL 34113				- i.	• •		
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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 faccurate 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-08

Daytime Phone #