

**2007 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90203 015 ***150.00

DOCUMENT # **P06000041361**
1. Entity Name
APOLLONIA CAFE, INC.



DO NOT WRITE IN THIS SPACE

40081762

2. Principal Place of Business
11018 ST. AUGUSTINE RD.
Suite, Apt. # etc. **107**

3. Mailing Address
11018 ST. AUGUSTINE RD.
Suite, Apt. # etc. **107**

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE, FL.

City & State
JACKSONVILLE, FL.

Zip **32257** Country **U.S.A.**

Zip **32257** Country **U.S.A.**

4. FEI Number
20-4548780

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **ROLAND KOCI**

Street Address (P.O. Box Number is Not Acceptable)
4263 LOSCO ROAD

APT. 1313

City **JACKSONVILLE FL** Zip Code **32257**

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 reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOJI, ROLAND 4263 LOSCO ROAD, APT. 1313 JACKSONVILLE, FL 32257	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X Roland Koci** **ROLAND KOJI** **PRESIDENT**, **4/19/2007**, **904-292-0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)