

Feb. 27, 2007 9:50AM OFIT CORPORATION
ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90002 028 ***158.75

DOCUMENT # P06000044585

1. Entity Name
MIMI MORGAN CAFE, INC.

d/b/a MIMI'S CAFE BEACHSIDE



Principal Place of Business

800 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118 US

Mailing Address

800 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118 US

48032367



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4589715

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE & ROSE, P.A.
222 SEABREEZE BLVD.
DAYTONA BEACH, FL 32118

Name

MIMI'S CAFE BEACHSIDE

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

800 N. ATLANTIC AVE

City

DAYTONA BEACH FL 32118

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

2/27/07

FILE NOW!! FEE IS \$150.00
After May 1, 2007 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	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
P	MORGAN, MERVAT	6 TREE TOP TAIL	DAYTONA BEACH, FL 32174	☐					☐	☐
V	MORGAN, MERVAT	6 TREE TOP TAIL	DAYTONA BEACH, FL 32174	☐					☐	☐
S	MORGAN, MERVAT	6 TREE TOP TAIL	DAYTONA BEACH, FL 32174	☐					☐	☐
T	MORGAN, MERVAT	6 TREE TOP TAIL	DAYTONA BEACH, FL 32174	☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/07