

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2008 90179 009 ***150.00

DOCUMENT # P06000044585 1. Entity Name MIMI MORGAN CAFE, INC.					
Principal Place of Business D/B/A MIMI'S CAFE BEACHSIDE 800 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 US			Mailing Address 800 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40095392</div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 04242008 Chg-P CR2E034 (12/06) </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 4. FEI Number 20-4589715 Applied For Not Applicable </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent RICE & ROSE, P.A. MIMI'S CAFE BEACHSIDE 800 N ATLANTIC BEACHSIDE DAYTONA BEACH, FL 32118				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P MORGAN, MERVAT 6 TREE TOP TAIL DAYTONA BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6 TREE TOP TRAIL ORMOND BEACH FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORGAN, MERVAT 6 TREE TOP TAIL DAYTONA BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ORMOND BEACH FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORGAN, MERVAT 6 TREE TOP TRAIL DAYTONA BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ORMOND BEACH FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORGAN, MERVAT 6 TREE TOP TRAIL DAYTONA BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ORMOND BEACH FL 32174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			MERVAT MORGAN 4/30/08 386-235-5930		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		