


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2008 8:00 am**  
**Secretary of State**

07-09-2008 90021 001 \*\*\*150.00

<b>DOCUMENT # P07000100679</b> 1. Entity Name <b>D'APPLE CAFE, INC.</b>			
Principal Place of Business <b>1325 PORTOFINO CIRCLE</b> <b>804</b> <b>WESTON, FL 33326 US</b>		Mailing Address <b>1325 PORTOFINO CIRCLE</b> <b>804</b> <b>WESTON, FL 33326 US</b>	
2. Principal Place of Business - No P.O. Box # <b>10645 Wiles Rd</b>		3. Mailing Address Suite, Apt. #, etc. City & State <b>Coral Springs FL</b> Zip <b>33076 US</b>	
Suite, Apt. #, etc. City & State <b>Coral Springs FL</b> Zip <b>33076 US</b>		Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>26-0884947</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KENDALL, DEBORAH LINDA</b> <b>1325 PORTOFINO CIRCLE</b> <b>804</b> <b>WESTON, FL 33326</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>KENDALL, DEBORAH LINDA</b> STREET ADDRESS <b>1325 PORTOFINO CIRCLE, #804</b> CITY-ST-ZIP <b>WESTON, FL 33326</b>	<input type="checkbox"/> Delete	TITLE <b>V.P.</b> NAME <b>Michelle Kendall</b> STREET ADDRESS <b>1325 Portofino Cir #804</b> CITY-ST-ZIP <b>Weston FL 33326</b>	<input type="checkbox"/> Change <input checked="" 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
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
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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 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.			
<b>SIGNATURE:</b> <u>D. Kendall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>07/05/08</u> <u>954-815-5706</u> <small>Date Daytime Phone #</small>	

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