

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102976

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: THE STUDENT CAFE, INC.

## Current Principal Place of Business:

2088 PICCADILLY CIRCUS  
NAPLES, FL 34112

## New Principal Place of Business:

4820 DAVIS BLVD  
NAPLES, FL 34104

## Current Mailing Address:

2088 PICCADILLY CIRCUS  
NAPLES, FL 34112

## New Mailing Address:

4820 DAVIS BLVD  
NAPLES, FL 34104

FEI Number: 26-0885679

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUSICO, ALDECHI  
2088 PICCADILLY CIRCUS  
NAPLES, FL 34112 US

## Name and Address of New Registered Agent:

MUSICO, ALDECHI  
4820 DAVIS BLVD.  
NAPLES, FL 34104 US

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.

SIGNATURE: KELLY MUSICO

04/21/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MUSICO, ALDECHI  
Address: 2088 PICCADILLY CIRCUS  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: MUSICO, KELLY  
Address: 2088 PICCADILLY CIRCUS  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: DILLARD, JOSEPH  
Address: 436 PALM RIVER BLVD  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: DILLARD, LUCIA  
Address: 436 PALM RIVER BLVD  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY MUSICO

VP

04/21/2008

Electronic Signature of Signing Officer or Director

Date