## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000021573

FILED Mar 09, 2009 Secretary of State

Entity Name: MARIA'S CAFE BREAKFAST AND LUNCH, INC.

Current Principal Place of Business:		New Principal Place of Business:		
UNIT 204	CHID BAY DRI	VE		
Current I	Mailing Addre	ss:	New Mailing Addres	s:
<b>UNIT 204</b>	CHID BAY DRI	VΕ		
FEI Numbe	r: 26-2171024	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
MARCE	OATES DA			
5515 BRY SUITE 50 NAPLES, The abov	FL 34109 US		purpose of changing its registere	ed office or registered agent, or both,
5515 BRY SUITE 50 NAPLES, The abov	/SON DRIVE 12 FL 34109 US e named entity te of Florida.		purpose of changing its registere	ed office or registered agent, or both,
5515 BRY SUITE 50 NAPLES, The abov in the Sta	/SON DRIVE 12 FL 34109 US e named entity te of Florida. JRE:			ed office or registered agent, or both,  Date
5515 BRY SUITE 50 NAPLES, The abov in the Stat SIGNATL	/SON DRIVE 12 FL 34109 US e named entity te of Florida. JRE: Electro	submits this statement for the		
5515 BRY SUITE 50 NAPLES, The abov in the Star SIGNATU	/SON DRIVE 12 FL 34109 US e named entity te of Florida. JRE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
5515 BRY SUITE 50 NAPLES, The abov in the Star SIGNATU	SON DRIVE 12 FL 34109 US e named entity te of Florida.  JRE: Electro ampaign Financia  RS AND DIREC  PSD ( VILLANI, SERGA 2426 ORCHID	submits this statement for the nic Signature of Registered Age Trust Fund Contribution ( ).  CTORS:  ) Delete GIO BAY DRIVE #204	ent	Date

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: MARIA VILLANI VP 03/09/2009