2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P93000065496

Entity Name: DAVID'S CAFE II, INC.

Current Principal Place of Business:

1654 MERIDIAN AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1654 MERIDIAN AVE.
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0441141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, ALFREDO J ESQ.
5825 COLLINS AVE., SUITE 6-F
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GONZALEZ, ALFREDO SR
Address: 5825 COLLINS AVE., #PH-A
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: VP ( ) Delete
Name: GONZALEZ, ADRIAN
Address: 1401 BAY ROAD, #208
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Delete
Name: GONZALEZ, ALFREDO J
Address: 5825 COLLINS AVE., APT 6-F
City-St-Zip: MIAMI BEACH, FL 33140

Title: ST ( ) Delete
Name: GONZALEZ, MARIA F
Address: 5825 COLLINS AVE, APT PH-A
City-St-Zip: MIAMI BEACH, FL 33140

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: ADRIAN GONZALEZ VP 04/16/2009

Electronic Signature of Signing Officer or Director — Date