


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90014 035 \*\*\*150.00

<b>DOCUMENT # P94000001528</b>			
1. Entity Name <b>CAESAR'S CAFE, INC.</b>			
Principal Place of Business <b>14400 SOUTH MILITARY TRAIL DELRAY BEACH, FL 33484</b>		Mailing Address <b>14400 SOUTH MILITARY TRAIL DELRAY BEACH, FL 33484</b>	
2. Principal Place of Business <b>14812 MILITARY TR</b>		3. Mailing Address <b>14812 MILITARY TR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>DELRAY BEACH FL</b>		City & State <b>DELRAY BEACH FL</b>	
Zip <b>33484</b>		Zip <b>33484</b>	
Country <b>FLORIDA</b>		Country <b>FLORIDA</b>	
6. Name and Address of Current Registered Agent  <b>KURLAND, ELISSA R 727 N.E. 3RD AVE. SUITE 201 FT. LAUDERDALE, FL</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 reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GARGUM, M. S 14400 S. MILITARY TR. DELRAY BCH., FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3057 GARGUM M 14812 MILITARY TR DELRAY BEACH FL 33484 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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.

*[Handwritten signature]*

4/18/05