2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90280 013 ***150.00

DOCUMENT # P94000005259

1. Entity Name
LE CAFE AT BAYSIDE, INC.

Principal Place of Business	Mailing Address
401 BISCAYNE BLVD S-106 MIAMI, FL 33132 New	670 NE 114TH STREET MIAMI, FL 33161 New

2. Principal Place of Business	3. Mailing Address
401 Biscayne Blvd	401 Biscayne Blvd
Suite, Apt. #, etc. S-110B	Suite, Apt. #, etc. S-110B
City & State Miami Fl	City & State Miami, FL
Zip - Country U.S.A	Zip 33132 Country U.S.A

04192005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0469605
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAKIM, JOSEPH
670 NE 114TH STREET New →
MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name: Joseph HAKIM
Street Address (P.O. Box Number is Not Acceptable):
9 ISLAND Ave #2205
City: Miami Beach FL Zip Code: 33139

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HAKIM, JOSEPH 670 NE 114TH STREET MIAMI, FL 33161	☐ Delete	HAKIM, Joseph 9 ISLAND Ave #2205 Miami Beach, FL 33139	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GM HAKIM, DANY 670 NE 114 ST MIAMI, FL 33161	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAKIM, CARLA 4830 W. PART RD. HOLLYWOOD, FL 33021	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: _____ JOSEPH HAKIM 4/20/2005 305.373.1730
Date Daytime Phone #