

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000005259

FILED
May 20, 2005
Secretary of State**Entity Name:** LE CAFE AT BAYSIDE, INC.**Current Principal Place of Business:**401 BISCAYNE BLVD
S-110B
MIAMI, FL 33132**New Principal Place of Business:****Current Mailing Address:**401 BISCAYNE BLVD
S-110B
MIAMI, FL 33132**New Mailing Address:****FEI Number:** 65-0469605**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HAKIM, JOSEPH
9 ISLAND AVE
#2205
MIAMI BEACH, FL 33139 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:** DP () Delete
Name: HAKIM, JOSEPH
Address: 9 ISLAND AVE #2205
City-St-Zip: MIAMI BEACH, FL 33139**Title:** S (X) Delete
Name: HAKIM, CARLA
Address: 4830 W. PART RD.
City-St-Zip: HOLLYWOOD, FL 33021**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 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 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: JOSEPH HAKIM

DP

05/20/2005

Electronic Signature of Signing Officer or Director_____
Date