2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000029869 1. Entity Name CAFE DU SOIR, INC.								Feb 28, 2005 08:00 AM Secretary of State				
Principal Plac	e of Business		Mailing	Address			-					
21 ROYAL PALM BLVD VERO BEACH FL 32960			21 ROY	21 ROYAL PALM BLVD VERO BEACH FL 32960								
2. Principal P	Place of Business	3. Mailin	3. Mailing Address									
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				t MOORE	CR2E034	(10/04)			
City & Stat	le .	City &	City & State			4. FEI Numb	er 59-3315605	5	ł - i	plied For at Applicat		
Zip	Zip Country		Zip	Zip		try	5. Certificate	of Status Desired		\$8.75 Add	iitional	
6. Name and Address of Current Re							7. Name and Address of New Registered Agent					
21 F	RTIN, YANN ROYAL PAL RO BEACH I					Name Street Address (P.O. Box Number is Not Acceptable)						
						City			FL	Zip Cod	e	
the obligat	named entity st tions of registere		nt for the purpor	se of changing its	registere	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. I am	familiar with,	and accr	
SIGNATURE .	Signature, typed or p	rated name of registered a	gent and title if applic	able (NOTI	E Registere	d Agent signature require	d when reinstating)		DATE			
After	May 1, 2005	FEE IS \$150.00 Fee Will Be \$550 Iorida Departmen						9. Election Campa Trust Fund Cor	-		00 May and to Feed	
10.		OFFICERS A	ND DIRECTOR		11.		ADDITIONS	/CHANGES TO OFF	ICERS AN			
TITLE NAME STREET ADDRESS CITY: ST-ZIP	DP MARTIN, YAI 21 ROYAL PA VERO BEACH	ALM BLVD		☐ Delete		l l				☐ Change	∏ A·à	
THLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS MARTIN, VAL 21 ROYAL PA VERO BEACH	ALM BLVD	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete		I		0110000024 02-28705-80		□ Change] 	
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TITLE NAME STREET ADDRESS CITY ST-ZIP		,		□ Delete	CITY	EET ADDRESS -ST-ZIP				Change	□AC.	
12. I hereby indicated of the conchanged	i, or on an alkaci	nformation supplied or supplemental report receiver of trustee e orient with an addre	with this filing or ort is true and a mpowered to e ess, with all other	does not qualify for courate and that rexecute this reporter like empowered	or the exe my signa t as requi	4	ection 119.07(3) same legal effe 17, Florida Statut)(i), Florida Statutes, act as if made under tes; and that my nam				

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

EII ED