

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037315

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: FRENCH CREPE AND CATERING INC.

## Current Principal Place of Business:

401 BISCAYNE BLVD  
#S200  
MIAMI, FL 33132 US

## New Principal Place of Business:

## Current Mailing Address:

6900 SW 88TH ST  
A203  
MIAMI, FL 33156 US

## New Mailing Address:

FEI Number: 65-0577247      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABRAHAM, LILIAN  
19701 SW 114 AVE  
APT 363  
MIAMI, FL 33154 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MEHANA, ATIF  
Address: 19701 S.W. 114 AVE., APT 363  
City-St-Zip: MIAMI, FL 33157

Title: VSD ( ) Delete  
Name: ABRAHAM, LILIAN  
Address: 19701 SW 114 AVE, APT 363  
City-St-Zip: MIAMI, FL 33157

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MEHANA, ATIF  
Address: 6900 SW 88 ST # #A203  
City-St-Zip: MIAMI, FL 33156

Title: VSD (X) Change ( ) Addition  
Name: ABRAHAM, LILIAN  
Address: 6900 SW 88 ST A203  
City-St-Zip: MIAMI, FL 33156

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: ATIF MEHANA

Electronic Signature of Signing Officer or Director

OWNE

01/06/2004

\_\_\_\_\_ Date