

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000037315

FILED
Feb 04, 2005
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:

401 BISCAYNE BLVD
S 211
MIAMI, FL 33123 US

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:

ABRAHAM, LILIAN
8907 SW 108 CIRCLE CT
APT 363
MIAMI, FL 33176 US

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: ABRAHAM LILIAN

02/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MEHANA, ATIF
Address: 8907 SW 108 CIRCLE CT
City-St-Zip: MIAMI, FL 33176

Title: VSD (X) Change () Addition
Name: ABRAHAM, LILIAN
Address: 8907 SW 108 CIRCLE CT
City-St-Zip: MIAMI, FL 33176

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

OWNE

02/04/2005

Electronic Signature of Signing Officer or Director

Date