

**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P95000038553

1. Entity Name
CAYBANA GRILL, INC.



Principal Place of Business
14020 US ONE
JUNO BCH, FL 33408 US

Mailing Address
13700 BLUE FOX PLACE
WEST PALM BEACH, FL 33418 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

05172005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0582245	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TAUBE, JAMES K
1106 YARBOROUGH STREET
JUPITER, FL 33477

7. Name and Address of New Registered Agent
Name **DEBORAH TAUBE**
Street Address (P.O. Box Number is Not Acceptable)
13700 BLUE FOX PLACE
City **PALM BEACH GARDENS** FL Zip Code **33418**

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 *Deborah Taube*

5-20-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees **3000055984503**

07/05--01071--014 **70.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAUBE, JAMES K 1106 YARBOROUGH STREET JUPITER, FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAUBE, DEBORAH 1106 YARBOROUGH STREET JUPITER, FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TREASURER 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FAITH TAUBE 13700 BLUE FOX PLACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Deborah Taube*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-05 561-624-0225

Date

Daytime Phone #