2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2006 08:00 AM DOCUMENT # P96000005480 Secretary of State Entity Name FAMILY DOWNTOWN CAFE, INC. Principal Place of Business Mailing Address 2322 W CYPRESS ST 2322 W CYPRESS ST TAMPA, FL 33609 TAMPA, FL 33609 02202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 59-3357176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GONZALEZ, STEVEN A DO NOT WRITE 2322 W CYPRESS ST TAMPA, FL 33609 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE GONZALEZ, STEVEN A NAME STREET ADDRESS **4924 BAY WAY** CITY-ST-ZIP TAMPA, FL 33629 UUUUUU44681 7 TITLE 03/08/06 90029-013 15**0.00** GUGGINO, CAROL NAME STREET ADDRESS 2322 W CYPRESS ST City-ST-ZIP TAMPA, FL 33609 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated on this report or supplemental report is type and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the receiver or furstee 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IATURE AND TYPED OR PRATED NAME OF SIGNING OFFICER OR DIRECTO

2/21/06

8138752000

Daytime Phone #

FILED