


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 9:55

| | |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P96000010283 |  |
| 1. Entity Name Angels Danek Inc. <i>D/O Amore cafe</i> | |

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------------------------------|----------------------------------------------|
| 2. Principal Place of Business 1406 Beach Blvd | 3. Mailing Address 1406 Beach Blvd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DO NOT WRITE IN THIS SPACE

| | | | |
|------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------|--------------------------------------------------------|
| City & State Jacksonville Beach FL | City & State Jax Bch FL | 4. FEI Number 59335893 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32250 | Country Duval | Zip 32250 | Country Duval |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|----------------------------------------------------------------------------------|
| Name WILMA MARTINEZ |
| Street Address (P.O. Box Number is Not Acceptable) 9941 Moss Side Lane |
| City Jacksonville FL Zip Code 32257 |

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 *Wilma Martinez* **WILMA MARTINEZ** **5-5-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS | | | |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/Vice President/Treasurer George R. MARTINEZ 9941 Moss Side Lane JAX FL 32257 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 600018447076 05/07/03--01035--001 **300.75 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *George R. Martinez* **GEORGE R. MARTINEZ OWNER** **5-6-3**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

Angels Danek Corp.
dba Amore Cafe
1406 Beach Blvd.
Jacksonville Beach, FL 32250

Division of Reinstatement
Division of Reinstatement
Division of Corporation
Tallahassee, Florida 32314

Dear Sir or Madam:

Last year our corporation was dissolved with out our knowledge. We never received a form to file a 2002 Uniform Business Report.

Please reconsider, and reinstate the corporation Angels Danek Corporation

Dbas Amore Café

1406 Beach Blvd.

Jacksonville beach, FL 32250

FEI# 593355893

I am the new officer of the corporation. I've enclosed \$150.00 for the UBR fee. The address is the same as above.

Yours truly,



George Martinez President Angels Danek Corporation