2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000018313

1. Entity Name
AMBASSADORS CAFE, INC.

Principal Place of Business	Mailing Address
905 S. BRICKELL BAY MIAMI, FL 33131	137 WEST SHORE DR. MIAMI, FL 33133

03062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0646219	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PERDOMO, RAMONA
137 WEST SHORE DR.
MIAMI, FL 33133

DO NOT WRITE 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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PERDOMO, RAMONA
STREET ADDRESS	137 WEST SHORE Dr.
CITY-ST-ZIP	MIAMI, FL 33133

TITLE	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Ramona Perdomo_   RAMONA PERDOMO

SIGNATURE AND TYPED/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #