## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2007 08:00 A Secretary of State

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1. Entity Nan	DOCUMENT # P96000046612  1. Enlity Name CAFE CELLINI, INC.			Secretary of S			
2505 SO. 00	ce of Business CEAN BLVD. H, FL 33480	Mailing Address 2505 SO. OCEAN BLVD. PALM BEACH, FL 33480					
<b>-</b>	O NOT WRITE		01192007	No Chg-P	CR2E034 (11/05)	•	
	OO NOT WRITE	UE	4, FEI Number 65-067 5. Certificate				
6. Name and Address of Current Registered Agent GAVAKIS, GREGORY 2505 SO. OCEAN BLVD. PALM BEACH, FL 33480			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 aignature required when reinstating)  DATE							
After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	ncing \$5.	00 May Be ed to Fees	•		:	
10. TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	OFFICERS AND DIF PST GAVAKIS, GREGORY 2505 SO. OCEAN BLVD. PALM BEACH, FL 33480	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	_	NOT W THIS SP		
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					U0000 04/25/0	00711069 7-80068-006 11	50.00

12. Thereby 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 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 error like empowered.

SIGNATURE:

CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-07 561-588187