## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000042917

Entity Name: MASQUERADE CAFE, INC.

FILED Nov 17, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

851 SOUTHEAST 6TH AVENUE SUITE 1 851 SOUTHEAST 6TH AVENUE DELRAY BEACH, FL 33483

SUITE 110

DELRAY BEACH, FL 33483

1555 SOUTH FEDERAL HIGHWAY

# 101 DELRAY BEACH, FL 33483

**Current Mailing Address:** 

FEI Number: 65-0753373 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

**New Mailing Address:** 

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LEMPKE, JEFFREY R RAWLIN, SANDRA

106 NE 13TH STREET 1555 SOUTH FEDERAL HIGHWAY DELRAY BEACH, FL 33444 US # 101

DELRAY BEACH, FL 33483 US

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.

SIGNATURE: SANDRA RAWLIN 11/17/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title:

LEMPKE, JEFFREY RAWLIN, SANDRA Name: Name: 106 NE 13TH STREET 1555 SOUTH FEDERAL HIGHWAY #101 Address: Address:

City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: DELRAY BEACH, FL 33483

Title: DT Title: () Delete (X) Change ( ) Addition

Name: REY. KEVIN T Name: RAWLIN, ROBERT

106 NE 13TH STREET 1555 SOUTH FEDERAL HIGHWAY #101 Address: Address:

DELRAY BEACH, FL 33444 DELRAY BEACH, FL 33483 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition RAWLIN, ROBERT Name: Name:

1555 SOUTH FEDERAL HIGHWAY # 101 Address Address:

City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

RAWLIN, SANDRA Name: Name: 1555 SOUTH FEDERAL HIGHWAY #101 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA RAWLIN DT 11/17/2008