


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000054097 1. Entity Name THEME CAFES INC.	
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Principal Place of Business 1005 KANE CONCOURSE #203 BAY HARBOR ISLANDS, FL 33154	Mailing Address 1005 KANE CONCOURSE #203 BAY HARBOR ISLANDS, FL 33154
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0771418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROMANO, KENNETH J
3370 SE EASTSNOW ROAD
PORT SAINT LUCIE, FL 34984**

**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDUZZI, MARY-KATHERINE 3370 SE EASTSMOW ROAD PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYDNOR, JOSEPH D 1005 KANE CONCOURSE #203 BAY HARBOR ISLANDS, FL 33154
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UD00000119726
04/19/04-80110-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-15-04 (305 868-1333)**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #