


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90855 007 ***150.00

DOCUMENT # P97000094829

1. Entity Name
ANGIE'S CAFE, INC.



Principal Place of Business 200 1ST AVENUE NORTH ST. PETERSBURG, FL 33733	Mailing Address 199 NORTH FLORIDA AVENUE TARPON SPRINGS, FL 34689
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40093920



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04272007 Chg-P CR2E034 (12/06)

City & State	City & State	4. FEI Number 59-3475944	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PANESIS, MARIA A
199 N. FLORIDA AVENUE
TARPON SPRINGS, FL 34689

Narr
 Stre
 City

This a correction for misspelled last name & Correction of City & zip code.

↓ Thank you

8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's

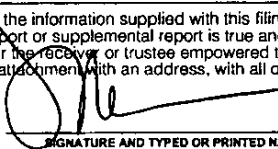
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS		11.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANESIS, MARIA A 199 N. FLORIDA AVENUE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUDD, ANDI 2550 62ND ST NORTH MIAMI, FL 331702 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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Budo, Andi Change Addition

St. Petersburg, FL 33702 Change Addition

12. I hereby 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 other like empowered.

SIGNATURE:  **MARIA A. PANESIS**

Date: **4-27-07** Daytime Phone #: **727-9582933**