2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000017037

1. Entity Name
FAY'S PALM BEACH CHEESECAKE CO.

Principal Place of Business	Mailing Address
1253 OLD OKEECHOBEE ROAD UNIT A1 WEST PALM BEACH, FL 33401	1253 OLD OKEECHOBEE ROAD UNIT A1 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

03022008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0815227	Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, EILEEN N
1253 OKEECHOBEE RD.
WEST PALM BEACH, FL 33401

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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, 2008 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees	U00000939781. 05/28/08-80041-009 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	DAVIS, EILEEN N
STREET ADDRESS	1253 OLD OKEECHOBEE RD, UNIT A1
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	VSD
NAME	DAVIS, ROBERT P
STREET ADDRESS	1253 OLD OKEECHOBEE RD, UNIT A1
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Eileen N Davis president_   4/27/08   561-366-9333

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