

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91013 048 ***150.00

DOCUMENT # P98000102466 1. Entity Name CAFE VENTURES, INC.					
Principal Place of Business 3111 MAHAN DRIVE 23 TALLAHASSEE, FL 32308			Mailing Address 3111-20 MAHAN DRIVE PMB 107L TALLAHASSEE, FL 32308		
2. Principal Place of Business 3111-23 MAHAN DRIVE Suite, Apt. #, etc.		3. Mailing Address 3111-20 MAHAN DRIVE Suite, Apt. #, etc. PMB 107			
City & State TALLAHASSEE FL		City & State TALLAHASSEE FL		4. FEI Number 59-3545324	
Zip 32308		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GEORGE, CHRISTOPHER A 2750 OLD ST. AUGUSTINE ROAD TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name GEORGE, CHRISTOPHER A. Street Address (P.O. Box Number is Not Acceptable) 3111-20 MAHAN DRIVE PMB 107 City TALLAHASSEE FL Zip Code 32308	
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 _____ (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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GEORGE, CHRISTOPHER A 2750 OLD ST. AUGUSTINE ROAD., APT. M131 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GEORGE, CHRISTOPHER A. 3111-23 MAHAN DRIVE TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  CHRISTOPHER A. GEORGE APRIL 29TH 2004 850-766-1567 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					