



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90114 021 \*\*\*150.00

<b>DOCUMENT # P98000102466</b> 1. Entity Name <b>CAFE VENTURES, INC.</b>					
Principal Place of Business <b>3111-23 MAHAN DRIVE TALLAHASSEE, FL 32308</b>			Mailing Address <b>3111-20 MAHAN DRIVE PMB 107 TALLAHASSEE, FL 32308</b>		
2. Principal Place of Business <b>3111 MAHAN DRIVE</b> Suite, Apt. #, etc. <b>UNIT 23</b> City & State		3. Mailing Address <b>3111 MAHAN DRIVE</b> Suite, Apt. #, etc. <b>UNIT 20 PMB 107</b> City & State			
Zip 		Country		01112005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>59-3545324</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>GEORGE, CHRISTOPHER A 3111-20 MAHAN DRIVE PMB 107 TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3111 MAHAN DRIVE UNIT 20</b> <b>PMB 107</b> City <b>FL</b> Zip Code		
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 <u>CHRISTOPHER A. GEORGE</u> <i>Christopher A. George</i> DATE <u>Apr 27<sup>th</sup> 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GEORGE, CHRISTOPHER A 3111-23 MAHAN DRIVE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <b>3111 MAHAN DRIVE UNIT 23 TALLAHASSEE FL 32308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Christopher A. George</u> <i>Christopher A. George</i> DATE <u>Jan 11<sup>th</sup> 2005</u> DAYTIME PHONE # <u>(850) 766-1567</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					