FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000103199

. Corporation Name

CAFE AMBROSIA INC.

FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90058 039 ***150.00

Mailing Address Principal Place of Business 217 WOODSHIRE LANE 217 WOODSHIRE LANE NAPLES FL 34105 NAPLES FL 34105 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 12/10/1998 Applied For -2. Principal Place of Business 2a. Mailing Address Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes the current year intangible ZNo 30 ☐ Yes Personal Property Tax. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GIROUX, DANIEL Street Address (P.O. Box Number is Not Acceptable) 217 WOODSHIRE LANE NAPLES FL 34105 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition PRESIDENT 1.1 TITLE TITLE DANIEL GIROUX 217 WOODSHIRL LAND 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition INAPLES, FL 34/05 DELETE 2.1 TITLE Change TITLE 2.2 NAMF NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP NICU PRUSIDINT DELETE ☐ Addition ☐ Change TITLE 3.1 TITLE RUSSELL CAMOLLI 3.2 NAME NAME 239 CHANNING COURT 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 61 TITLE ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on ap attachment with an appress, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY, ST. ZIP

E **)

9 1643-4242 Daytime Phone #

CR2E034 (11/98)