

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90058 016 \*\*\*150.00

**DOCUMENT # P99000000877**

1. Entity Name

CAFE CALIFORNIA OF CITRUS PARK, INC.



Principal Place of Business

8007 CITRUS PARK TOWN CIRCLE  
TAMPA FL 33625

Mailing Address

13310 N 56TH ST  
TAMPA FL 33617

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3550871**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHAM-DIEP, MICHAEL**  
8007 CITRUS PARK TOWN CIRCLE  
TAMPA FL 33625

Name **Trung Q Pham Diep**  
Street Address (P.O. Box Number is Not Acceptable)

**9748 Lake Chase Island Way**  
City **Tampa** **FL** Zip Code **33626**

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

**4/24/04**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete  
NAME **PHAM-DIEP, MICHEL**  
STREET ADDRESS **4109 HIGHLAND PARK CIRCLE**  
CITY-ST-ZIP **LUTZ FL 33558**

TITLE **President** ☒ Change ☐ Addition  
NAME **Trung Q Pham - Diep**  
STREET ADDRESS **9748 Lake Chase Island Way**  
CITY-ST-ZIP **Tampa, FL. 33626**

TITLE **VD** ☒ Delete  
NAME **KIM, WON**  
STREET ADDRESS **1731 GLEN LAKE BLVD**  
CITY-ST-ZIP **ST PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pham*

**4/24/04**

Date

**813-982-0995**

Daytime Phone #