## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)											
DOCU 1. Entity Nam		# P99000069	04	A STATE OF THE PARTY OF THE PAR							
MICHELANGELO GALLERY CAFE, INC.						0	5 JUN -9 AHII: 39	l			
Principal Plac	Mailing Address		<u> </u>		HAT HAV OT GTATE	•					
25 NORTHE	EAST 2ND A		25 NORTHEAST 2ND A	AVENUI	F		CRETARY OF STATE	Δ			
SUITE 110 DELRAY BE			SUITE 110 DELRAY BEACH FL 33		-					HTT	
US SSAAA			US	3444							
2. Principal Place of Business			3. Mailing Address	3. Mailing Address					iii Bista 1870 biite di	01 <b>46</b> 3 17 1061	
Suite, Apt. #, etc.			Suite, Apt. #, etc				1st MOORE	CR2E03	34 (10/05)		
City & State			City & State				4. FEI Number 65-08922	291	No	pplied For ot Applicable	
Zip	Country  6. Name and Address of Current		Zip				5. Certificate of Status Desire		\$8.75 Add Fee Require		
	5. Name	and Address of Current	Registered Agent		Name		7. Name and Address of No	w Registere	d Agent		
SPIEGEL & UTRERA, P.A.						<del></del>		<del></del>			
184	IO CORAL			Street			P.O. Box Number is Not Accept	able)			
4TH FLORR MIAMI FL 33145				!					•	-	
INIAINI FE 33143				!	City			F	L Zip Cod	le	
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. Fam familiar with, and accept the obligations of registered agent											
SIGNATURE Signature, typed or printed name of registered agent and tillo if applicable (NOTE Registrical Agent signature required when remistating)  DATE											
Signature, types or printed name; or registered agent and tills in applicable (NOTE Helpsteriod Agest signature required when constabling)  FILE NOW!!! FEE IS \$150.00											
After	May 1, 200	06 Fee Will Be \$550.00					9. Election Ca		_	00 мау Ве	
		o Florida Department o					Trusi Funa	Contribution.	Adde	ed to Fees	
10.	7	OFFICERS AND	·	11.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	S IN 11	
TITLE	PSTD	A AUCUTI ANICELO	☐ Delete	TITLE		Win	6 - 1 HE RINGT	YITE	Change	Addition	
NAME Street adoress		O, MICHELANGELO REAST 2ND AVENUE		NAME STREE	ET ADDRESS	35	MORTHEA	51 6	NO H	VE,	
CTTY-ST-ZIP	1	BEACH FL 33444			-ST-ZIP	5	ELRAY BOH.	F/	3344	14	
TITLE			☐ Delete	TITLE	E		<u></u>		☐ Change	Addition	
NAME				NAME					-	 	
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CITY-ST-ZIP	<u></u>			CITY	-ST-ZIP	_ <u>-</u>					
TITLE			☐ Delete	TITLE	1				Change	Addition	
NAME STREET ADDRESS				NAME STREE	E El address		900076	2290	CES		
CITY-ST-ZIP	ĺ		· <u></u>		-ST-ZIP	_	900076 06/20/06010	51010	**150	.00	
THILE			☐ Delete	TITLE			0-11		Change	Addition	
NAME				NAME			JC 6/13				
STREET ADDRESS   CITY-ST-ZIP	1				ET ADDRESS - St- Zip	I					
	certify that th	ne information supplied wi	ith this filing does not qualify t			container	d in Section 119, Florida Statuti	sa Hurther c	satify that the i	pformation	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.											
SIGNAT	SIGNATURE: Faren R. Littreel lie Prendent 6.4-06 561-243-4979										
	-	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	OR		Date		Daytimo Phone #		