



2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000006904 1. Entity Name MICHELANGELO GALLERY CAFE, INC.				 <div style="position: absolute; top: 0; right: 0; font-size: 2em; font-weight: bold; text-align: right;">FILED</div> <div style="position: absolute; bottom: 0; right: 0; font-size: 1.2em;">05 JUN -9 AM 11:39</div>	
Principal Place of Business 25 NORTHEAST 2ND AVENUE SUITE 110 DELRAY BEACH FL 33444 US		Mailing Address 25 NORTHEAST 2ND AVENUE SUITE 110 DELRAY BEACH FL 33444 US		SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0892291	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of Now Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 CORAL WAY 4TH FLOOR MIAMI FL 33145				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PSTD DE CERVO, MICHELANGELO 25 NORTHEAST 2ND AVENUE DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President KAREN R. BITTRELL 25 NORTHEAST 2ND AVE. DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Change <input checked="" 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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			900076390663 06/20/06--01051--010 **150.00		
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 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 persons empowered.					
SIGNATURE: Karen R. Bittrell - Vice President 6-4-06 561-243-4977 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					