2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State
07-20-2007 90017 034 ***150.00

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1. Entity Name
MICHELANGELO GALLERY CAFE, INC.

40126167

Principal Place of Business	Mailing Address
25 NORTHEAST 2ND AVENUE SUITE 110 DELRAY BEACH, FL 33444 US	25 NORTHEAST 2ND AVENUE SUITE 110 DELRAY BEACH, FL 33444 US

07152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0892291
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A
1840 CORAL WAY
4TH FLORR
MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature typing or printing the name of registered agent and if applicable the office

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	DE CERVO, MICHELANGELO
STREET ADDRESS	25 NORTHEAST 2ND AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	VP
NAME	KITTRELL, KAREN R
STREET ADDRESS	25 NORTHEAST 2ND AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

SIGNATURE: Karen R. Kittrell 7-16-07 561-243-4977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER

ATTACHMENT : 7-16-07

To Whom It May Concern:

Letter of Request 40126167
#P9900000904

Requesting late fee to be waived,
did not receive prior notices.

Please call if any questions.
561-243-4974

Thank you in advance

Karen Kitterell

KAREN KITTERELL

Vice President