2008 FOR PROFIT CORPORATION ANNUAL REPORT

· **- * * *

DOCUMENT # P99000047027 1. Entity Name CAFE' DES ARTS OF SOUTH BEACH, INC.



FILED Feb 25, 2008 8:00 am Secretary of State

02-25-2008 90063 005 ***158.75

Principal Place of Business		Mailing Address		40031974			
1360 COLLINS AVENUE MIAMI BEACH, FL		1360 COLLINS AVENUE MIAMI BEACH, FL		4000			
				1 10 6 7 10 11 11 11 11 11 11 11 11 11 11 11 11	1 6 3 511 41 6 1 1		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212008 Chg-P	CR2E034 (12/06)		
City & State		City & State		4. FEI Number 65-0932811	} -	pplied For	
Zip	Country	Zip	Country	5. Certilicate of Status Desired	\$8.75 Add	ditional	
rain - Alberton	6. Name and Address of Currer	nt Registered Agent	<u> </u>	7. Name and Address of New Reg		-	
- The state of the				Name			
JOULIN, F			0	(B.O. B., N. arbaria Nat Assaulta)			
MIAMI, FL	LINS AVENUE 33139		Street Addr	ess (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code	e	
8. The above	named entity submits this statement	for the purpose of changing it	s registered office or reg	gistered agent, or both, in the State of Floric	da Lam familiar with	and accent	
the obligation	ions of registered agent.	for the purpose or changing to	a registered emee or ret	gistered agent, or ooth, writing state of Floric	15. Testi igitangi witi,	and accept	
SIGNATURE.	Signature, typed or printed name of registered ago	ent and title il applicable. (NO	E. Registered Agent signature re	equired when reinstating)	DATE		
							
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550	9. Election Campa Trust Fund Cor	· -	\$5.00 May Be Added to Fees			
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS	S IN 11	
TITLE	D	Delete	TITLE	- July Congre	Change	Addition	
NAME	THILLOY, VINCENT			Touling Frank			
STREET ADDRESS CITY-ST-ZIP	1360 COLLINS AVENUE MIAMI BEACH, FL		STREET ADDRESS \	360 COLLING ALL	2		
TITLE	WILAWII BEACH, I'E		-1-3	THAM DENETH FL 350	7		
NAME		☐ Delate	TITLE NAME	AETITIA PERRAUDIN	Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS	AETITIA PERRAUDIN 360 Collins AVE			
CITY-ST-ZIP			CITY-ST-ZIP	Liani Redul El 23	139		
TITLE		☐ Delete	TITLE	HAIR DEACH TESS	Change	☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		Change	Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-S1-ZIP				
TITLE NAME		☐ Delete	TITLE		☐ Change	☐ Addition	
STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST. /IP			CITY ST. /IP				

12. Thereby 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.

STREET ADDRESS

CITY - \$1 - ZIP

TITLE

NAME

TITLE

NAME

STREET ADDRESS

CITY-\$T-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

X 02-08-08

☐ Change

☐ Addition