


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90217 036 \*\*\*150.00

<b>DOCUMENT # P99000068820</b> 1. Entity Name NEWEUROPE CHOCOLATES & CAFES, INC.					
Principal Place of Business 7149 N. FRONTAGE RD. ORLANDO, FL 32812			Mailing Address 7149 N. FRONTAGE RD. ORLANDO, FL 32812		
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 59-3591945	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WINSCHER, MARGARET M 4732 SILVER HERON DR MELBOURNE, FL 32934				Name <u>Robert N. Orswell</u> Street Address (P.O. Box Number is Not Acceptable) <u>6518 Swissco Dr. # 1221</u> City <u>Orlando</u> <u>FL</u> Zip Code <u>32822</u>	
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 <u>Robert N. Orswell - VSD Robert N. Orswell April 21, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PREMATE, DRAZEN E <input type="checkbox"/> Delete 7149 N. FRONTAGE RD. ORLANDO, FL 32812		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTS WINSCHER, MARGARET M <input type="checkbox"/> Delete 4732 SILVER HERON DR MELBOURNE, FL 32934		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Winschel, Margaret M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4732 Silver Heron Dr. Melbourne, FL 32934	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ORSWELL, Robert N. 6518 Swissco Dr. # 1221 ORLANDO FL 32822	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Stafford, Gary E. 6518 Swissco Dr. # 1222 ORLANDO, FL 32822	
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	
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 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: <u>Robert N. Orswell</u> <u>Robert N. Orswell</u> <u>April 21, 2004</u> <u>407-854-3393</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					