## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Signature   Sign	DOCUMENT # P99000078472  1. Entity Name COLONY THEATER CAFE, INC.  05 APR 20 PM 4: 29  SEGNATION THEATER CAFE, INC.  05 APR 20 PM 4: 29  SEGNATION THEATER CAFE, INC.  05 APR 20 PM 4: 29  SEGNATION THEATER CAFE, INC.  IATE  TALLAHASSEE, FLORIDA  1AULAHASSEE, FLORID	DOCUMENT # P99000078472  1. Entity Name COLONY THEATER CAFE, INC.  05 APR 20 PM 4: 29  SECULARIANS SEE, FLORIDA  Mailing Address 1040 LINCOLIN ROAD MIAMI BEACH, FL 33139 US  2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State  City & State  Country  Zip 33 1 30  Country  Zip 33 1 30  Country  See Required  5. Name and Address of Current Registered Agent  Name 1010 BRICKELL AVENUE, 17TH FLOOR MIAMI, FL 33131  Signature  Signature Suite, Apt. #, etc. City & State City & State Country  Zip 33 1 30  Country  Zip 33 1 30  See Required  To Name and Address of New Registered Agent  Name 1101 BRICKELL AVENUE, 17TH FLOOR MIAMI, FL 33131  Signature Suite, Apt. #, etc. City & State City & State Country  Signature Suite Address of Reversed Agent  Name  FLE NowWill FEE 18 5150.00 Trust Fund Contribution  Trust Fund Contribution  Trust Fund Contribution  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PT NAME SOYKA, MARK SIGNARY SOYKA, MARK SIGNARY SIGNA
Principal Place of Business 1040 LINCOLN ROAD MIAMI BEACH, FL 33139 US  Address 2. Principal Place of Business 1. Mailing Address 2. Principal Place of Business 3. Mailing Address 1. M	Principal Place of Business 1040 LINCOLN ROAD MIAMI BEACH, FL 33139 US  2. Principal Place of Business 3. Mailing Address 1 Los & Mary Lown Ave Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Signature  Street Address of Current Registered Agent  Name  CAPOTE, BEATRIZ M 1101 BRICKELL AVENUE, 17TH FLOOR  MIAMI, FL 33131  Signature	Principal Place of Business 1040 LINCOLN ROAD MAMI BEACH, FL 33139 US  Alling Address 721 LINCOLN ROAD MAMI BEACH, FL 33139 US  3. Mailing Address 721 LINCOLN ROAD MAMI BEACH, FL 33139 US  Suite, Apt. #, etc.  Suite, Ap
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Todo Lincoun Road   Missing Address   12	Todo Lincoln Road   Miamil BEACH, FL 33139 US   Miamil BEACH, FL 33139 US	The Delice Control   Country   Cou
MIAMI BEACH, FL 33139 US  MIAMI PL 33137 US  MIAMI PL 33131 US  MIAMI PL 331	MIAMI BEACH, FL 33139 US  A Miaming Address    Log 8   Mayr.   Log A Dec.	MAMI BEACH, FL 33139 US  Suita, Apt. 4, etc.  Suita, Apt. 6, etc.  Suita, Apt
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Street Address of Status Desired  Street Address of Status Desired  Street Address of New Registered Agent  Name  CAPOTE, BEATRIZ M  1101 BRICKELL AVENUE, 17TH FLOOR  MIAMI, FL 33131  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Detail  Added to Fees  Applied For  Not Applicable  Street Address (P.O. Box Number is Not Acceptable)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Detail  Now  SoryKa, MARK  Detail  Applied For  Not Applicable  Street Address (P.O. Box Number is Not Acceptable)  Applied For  Not Applicable  Street Address (P.O. Box Number is Not Acceptable)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Date  Applied For  Not Applicable  Applied For  Not Applicable  Street Address of Status Desired  Street Address of New Registered Agent  Name  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  SOYKA, MARK  SIREM NORESS  SOYKA, MARK  SIREM	Suita, Apt. #, etc.  Suita, Ap	Suite, Apt. #, etc.  Suite, Ap
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Street Address of Status Desired  Street Address of Status Desired  Street Address of New Registered Agent  Name  CAPOTE, BEATRIZ M  1101 BRICKELL AVENUE, 17TH FLOOR  MIAMI, FL 33131  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Detail  Added to Fees  Applied For  Not Applicable  Street Address (P.O. Box Number is Not Acceptable)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Detail  Now  SoryKa, MARK  Detail  Applied For  Not Applicable  Street Address (P.O. Box Number is Not Acceptable)  Applied For  Not Applicable  Street Address (P.O. Box Number is Not Acceptable)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Date  Applied For  Not Applicable  Applied For  Not Applicable  Street Address of Status Desired  Street Address of New Registered Agent  Name  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  SOYKA, MARK  SIREM NORESS  SOYKA, MARK  SIREM	Suita, Apt. #, etc.  Suita, Ap	Suite, Apt. #, etc.  Suite, Ap
City & State  Country  City  Country  Country  Street Address of Country  City  Street Address of New Registered Agent  The Applied For Required  Street Address of New Registered Agent  Name  CAPOTE, BEATRIZ M  1101 BRICKELL AVENUE, 17TH FLOOR  MIAMI, FL 33131  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  Signature  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Deter  STREET ADDRESS  SOYKA, MARK  STREET ADDRESS  SOKA, MARK  STREET ADDRESS  STREE	City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  Name  CAPOTE, BEATRIZ M  1101 BRICKELL AVENUE, 17TH FLOOR  MIAMI, FL 33131  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered Agent adjustice of the purpose of changing its registered Agent adjustice required when reinstaling)  DATE  FILE NOW!!! FEE IS \$150.00  DATE	City & State  Country  City & State  Country  Country  Country  Country  Country  Street Address of Status Desired  Street Address of Not Acceptable)  Name  City  FL  Zip Code  City  FL  Zip
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Signature   Sign	Signature   Sign	Size   Country   Signature   Size   Country   Signature   Size
8. Name and Address of Current Registered Agent  CAPOTE, BEATRIZ M 1101 BRICKELL AVENUE, 17TH FLOOR  MIAMI, FL 33131  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Sortare, typed or printed name of registered agent and title if explaitable. (NOTE: Registered Agent algrature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  PT  SOYKA, MARK  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33137	8. Name and Address of Current Registered Agent  CAPOTE, BEATRIZ M 1101 BRICKELL AVENUE, 17TH FLOOR MIAMI, FL 33131  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 access the obligations of registered agent.  SIGNATURE  Signifure, typed or printed name of registered agent and title if applications. (NOTE: Registered Agent attendance of Agent attendance of Registered Agent and title if applications.)  9. Election Campaign Financing  \$5.00 May Be	8. Name and Address of Current Registered Agent  CAPOTE, BEATRIZ M 1101 BRICKELL AVENUE, 17TH FLOOR MIAMI, FL 33131  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and title if explains.  NOTE Registered Agent synatra induced when reinstalling)  DATE  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PT  MIAMI, FL 33137  CITY-ST-Zip  MIAMI, FL 33137  Delete  NAME  SBROGGIO, SRAZIANO  11 ISLAND AVENUE #1611  STREET ADDRESS  CITY-ST-Zip  MIAMI BEACH, FL 33139  Delete  TITLE  Change Addition  Addition  Addition  Addition  Addition
Name    Street Address (P.O. Box Number is Not Acceptable)	Name  CAPOTE, BEATRIZ M 1101 BRICKELL AVENUE, 17TH FLOOR MIAMI, FL 33131  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 access the obligations of registered agent.  SIGNATURE  Signifure, typed or printed name of registered agent and title if artifidable.  (NOTE: Registered Agent atgnature required when reinstaling)  DATE  FILE NOW!!! FEE IS \$150.00  P. Election Campaign Financing  \$5.00 May Be	Name   Name   Street Address (P.O. Box Number is Not Acceptable)
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Number is Not Acceptable)  Street Address (P.O. Box Number is Number	Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement to 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  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II.  NAME  SOYKA, MARK  SIRET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  TILL NAME  SBROGGIO, SRAZIANO  MAMI, FL 33137  ITILE  VPS  MAMI, FL 33139  TILL  NAME  SROGGIO, SRAZIANO  MAMI, FL 33139  TILL  NAME  SIRET ADDRESS  TILL  TILL  NAME  SIRET ADDRESS  TILL  NAME  SIRET ADDRESS  TILL  TILL  TILL  NAME  SIRET ADDRESS  TILL  TIL
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  SIGNATURE  Signature, typed or printed name of registered agent and title if exhibitable. (NOTE: Registered Agent algorature required when reinstating)  PATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.  Defects  Trust Fund Contribution.  TITLE  NAME  SOYKA, MARK  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33137  CITY-ST-ZIP  CI	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  Signature, typed or printed name of registered agent and tille if artificiable. (NOTE: Registered Agent algorithms required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  PL Zip Code  CRAZIANO Sovergio, WP 3 (17-0)  DATE	City FL Zip Code  8. The above named entity submits this statement to the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SUPLAN, howdor printed rame of registered agent and time # agriculture.  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PT  SOVKA, MARK  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  11 ISAND AVENUE #1611  CITY-ST-ZIP  MIAMI, FL 33139  TITLE  MAME  SREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33139  TITLE  MAME  SIREET ADDRESS  CITY-ST-ZIP  MIAMI, BEACH, FL 33139  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33139  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI, BEACH, FL 33139  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33139  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33139  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  Delete  TI
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TILE NOW!!! FEE IS \$150.00  OFFICERS AND DIRECTORS  TILE  OFFICERS AND DIRECTORS  TILE  NAME  SOYKA, MARK  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33137  CITY-ST-ZIP  ADDITIONS OF registered agent.  ACRAJIANO Shytogrid, VP  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  3 (17-5)  5 SO May Be Added to Fees	SIGNATURE SIGNATURE CONTROL OF registered agent and title # artificiable. (NOTE: Registered Agent algebrature required when reinstating)  FILE NOW!!! FEE IS \$150.00  PATE  PARAZIANO Shvægjib, VP  SIGNATURE (NOTE: Registered Agent algebrature required when reinstating)  DATE  PATE  PARAZIANO Shvægjib, VP  SIGNATURE (NOTE: Registered Agent algebrature required when reinstating)  DATE	SIGNATURE  SIGNATURE  Software typed or printed name of registered agent and title if explicitable.  SIGNATURE  Software typed or printed name of registered agent and title if explicable.  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PT  NAME  SOYKA, MARK  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  SERVEY ADDRESS  SERVEY ADDRESS  SERVEY ADDRESS  SERVEY ADDRESS  STREET ADDRESS  STRE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  10.  OFFICERS AND DIRECTORS  TITLE  PT  SOYKA, MARK  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33137  DATE  (NOTE: Registered Agent algorithre required when reinstaling)  P. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  MIAMI, FL 33137	Significate, typed or printed name of registered agent and title if exhibitable. (NOTE: Registered Agent attentive required when reinstating)  PATE  Significate, typed or printed name of registered agent and title if exhibitable. (NOTE: Registered Agent atgnature required when reinstating)  DATE  Significate, typed or printed name of registered agent and title if exhibitable. (NOTE: Registered Agent atgnature required when reinstating)  DATE  FILE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be	FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITTLE PT NAME SOYKA, MARK STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE
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