

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000078472

1. Entity Name
COLONY THEATER CAFE, INC.



Principal Place of Business
1040 LINCOLN ROAD
MIAMI BEACH, FL 33139 US

Mailing Address
721 LINCOLN ROAD
MIAMI BEACH, FL 33139 US

2. Principal Place of Business

3. Mailing Address

1688 Meridian Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 400

03182004

Chg-P

CR2E034 (10/03)

City & State

City & State

Miami Beach FL

4. FEI Number

65-0950485

Applied For

Not Applicable

Zip

Country

Zip

33139

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPOTE, BEATRIZ M
1101 BRICKELL AVENUE, 17TH FLOOR
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

Graziano Sbroggio, VP

3/17/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT
NAME SOYKA, MARK
STREET ADDRESS 5582 NE 4 COURT STE 6
CITY-ST-ZIP MIAMI, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900054693349
05/17/05--01080--007 **150.00

TITLE VPS
NAME SBROGGIO, GRAZIANO
STREET ADDRESS 11 ISLAND AVENUE #1611
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE VPS
NAME Sbroggio, Graziano
STREET ADDRESS 1688 Meridian Ave Ste 400
CITY-ST-ZIP Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Graziano Sbroggio, VP 3/17/05

(205) 932-1233

FILED

05 APR 20 PM 4:29

SECRET STATE
TALLAHASSEE, FLORIDA

