

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000105904

FILED
Apr 26, 2007
Secretary of State

Entity Name: OLD TOWN MEXICAN CAFE, INC.

Current Principal Place of Business:

609 DUVAL ST
KEY WEST, FL 33040

New Principal Place of Business:

609 DUVAL STREET
KEY WEST, FL 33040

Current Mailing Address:

7 KEY LIME SQUARE
KEY WEST, FL 33040

New Mailing Address:

506 LOUISA STREET
KEY WEST, FL 33040

FEI Number: 56-0966107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCKWAY, GAIL E
609 DUVAL STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

CATALFOMO, ANTHONY J
C/O CATALFOMO & FARRELLY
506 LOUISA
KEY WEST, FL 33040 US

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.

SIGNATURE: ANTHONY J. CATALFOMO

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENES, PETR
Address: 1514 SOUTH STREET
City-St-Zip: KEY WEST, FL 33040

Title: D () Delete
Name: BROCKWAY, GAIL E
Address: 1514 SOUTH STREET
City-St-Zip: KEY WEST, FL 33041

Title: DVS (X) Delete
Name: BENES, PETR
Address: 1514 SOUTH STREET
City-St-Zip: KEY WEST, FL 33040

Title: DPT (X) Delete
Name: BROCKWAY, GAIL E
Address: 1514 SOUTH STREET
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P,D (X) Change () Addition
Name: BROCKWAY, GAIL E
Address: 1514 SOUTH STREET
City-St-Zip: KEY WEST, FL 33041

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL BROCKWAY

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date