

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

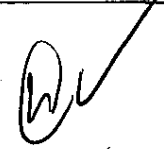

FILED
Jul 24, 2003 8:00 am
Secretary of State

07-24-2003 90115 004 ***150.00

0062458 AV

DOCUMENT # S50194

1. Entity Name
ROZY CAFE, INC.

Principal Place of Business
11900 BISCAYNE BLVD.
NORTH MIAMI FL 33179
US

Mailing Address
1891 NE 211TH STREET
NORTH MIAMI FL 33179



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0259874** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, ROZALIA SALITA
1891 NE 21TH STREET
NORTH MIAMI FL 33179

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 - Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	GOLDMAN, ROZALIA SALITA
STREET ADDRESS	1891 NE 211TH ST
CITY-ST-ZIP	NORTH MIAMI FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **SIGNATURE REQUIRED**

Date **7/18/03**

CR2E034 (4/03)

Attachment

90146338

LESLIE E. DOLIN PA, CPA

5285 SW 38 AVE.
FT. LAUDERDALE, FL 33312

Phone 954-965-4666
Fax 954-965-4665

July 20, 2003

Division Of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Rozy Café, Inc. #S50194 Annual Report 2003

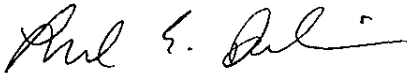
Dear Sir or Madam:

Please find enclosed the 2003 Annual Report for the above corporation along with a check for \$150 payable to you for the annual filing fee.

On behalf of the above corporation I hereby request that you waive the \$400 late filing penalty required for reports filed after May 1, 2003. The corporation did not receive the original notice for renewal usually sent in January, only the second notice recently mailed.

I thank you very much for your kindness and consideration in this matter.

Very truly yours,



LESLIE E. DOLIN, CPA