

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

07 MAR -6 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03012007 Chg-P CR2E034 (12/06) 07

| | | | |
|--|--|---|--|
| DOCUMENT # V63428 | |  | |
| 1. Entity Name PETE'S CAFE AND CATERING, INC. | | | |
| Principal Place of Business 7940 GLADES RD. BOCA RATON, FL 33434 | | Mailing Address 7940 GLADES RD. BOCA RATON, FL 33434 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LIBERATORE, MICHAEL J 520 BRICKELL KEY DR STE 0-305 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 400092304634 03/13/07--01006--008 **150.00 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | P, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOINIS, PETER P. | NAME | DALVA R. LIBERATORE |
| STREET ADDRESS | 7940 GLADES RD. | STREET ADDRESS | 4911 SUAREZ STREET |
| CITY-ST-ZIP | BOCA RATON, FL | CITY-ST-ZIP | CORAL GABLES, FL 33146 |
| TITLE | <input type="checkbox"/> Delete | TITLE | VP, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | MICHAEL J. LIBERATORE |
| STREET ADDRESS | | STREET ADDRESS | 4911 SUAREZ STREET |
| CITY-ST-ZIP | | CITY-ST-ZIP | CORAL GABLES, FL 33146 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Michael J. Liberatore</i> | | 03-01-07 561-477-542) | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |
| MICHAEL J. LIBERATORE, VP, PETE'S CAFE & CATERING, INC. | | | |