2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003884

Address: City-St-Zip: 2332 GALIANO ST (2ND FLOOR)

CORAL GABLES, FL 33134 US

Entity Name: NORTH AMERICAN COFFEES, INC.

FILED Jan 09, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
2332 GALIA 2ND FLOO CORAL GA		. US		9010 SW 13 SUITE 206 MIAMI, FL		US	
Current Mailing Address:				New Mailing Address:			
2332 GALIA 2ND FLOO CORAL GA		. US		9010 SW 13 SUITE 206 MIAMI, FL		US	
FEI Number:	22-3426274 F	El Number Applied For ()	FEI Num	ber Not Appli	cable ()		Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SUAREZ, STEPHAN T 2332 GALIANO STREET 2ND FLOOR CORAL GABLES, FL 33134 US The above named entity submits this statement for the purpose of				SUAREZ, STEPHAN T 9010 SW 137 AVE SUITE 206 MIAMI, FL 33186 US			
in the State		tille etateene ion tille pr	u., p = = = = .	o	o . og.o.o.		moo or regional agent, or bean,
SIGNATURE:				01/09/2007			
	Electronic	Signature of Registered Age	nt				Date
Election Carr	npaign Financing Tr	ust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () De MARTINEZ-RUIZ, J CAMINO A POTREI IXTACZOQUITLAN,	ESUS RILLO S <i>I</i> N		Title: Name: Address: City-St-Zip:		()	Change () Addition
Title: Name: Address: City-St-Zip:	T () De LAZZERI-MENEND CAMINO A POTREI IXTACZOQUITLAN,	EZ, ALEJANDRO RILLO S/N		Title: Name: Address: City-St-Zip:		()	Change () Addition
Title: Name:	S () De STEPHAN THOMAS			Title: Name:	S STEPHAN	. ,	Change () Addition MAS SUARE, Z

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.

Address:

City-St-Zip:

9010 SW 137 AVE

MIAMI, FL 33186 US

SIGNATURE: STEPHAN SUAREZ S 01/09/2007