

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000019685
 1. Entity Name
JAVALUTION COFFEE COMPANY



| | |
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| Principal Place of Business 2485 E. SUNRISE BLVD. SUITE 201A FT. LAUDERDALE, FL 33304 | Mailing Address 2485 E. SUNRISE BLVD. SUITE 201A FT. LAUDERDALE, FL 33304 |
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DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 73-1694004 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LEGEL, LARRY
 800 W. CYPRESS CREEK ROAD
 #470
 FORT LAUDERDALE, FL 33309

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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)
Signature, typed or printed name of registered agent and title if applicable DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SDC SANZARI, ANTHONY 2100 N. OCEAN BLVD. #805 FORT LAUDERDALE, FL 33305 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD PUMPER, SCOTT 2636 NE 15TH STREET FORT LAUDERDALE, FL 33304 |
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 05/16/07-80018-010 150.00

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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: Anthony Sanzari ANTHONY SANZARI SECY 4-25-7 954 4938900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #