


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90165 012 \*\*\*150.00

DOCUMENT # P03000019685					
1. Entity Name JAVALUTION COFFEE COMPANY					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 73-1694004	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip		Country		Zip	
Country		Country		04252008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEGEL, LARRY 800 W. CYPRESS CREEK ROAD #470 FORT LAUDERDALE, FL 33309				Name LEGEL, LARRY	
				Street Address (P.O. Box Number is Not Acceptable)	
				800 W. CYPRESS CREEK ROAD, #465	
City FORT LAUDERDALE		FL		Zip Code 33309	
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: <i>Larry Legel</i>				DATE: 4.30.08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SDC <input type="checkbox"/> Delete	TITLE	COO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANZARI, ANTHONY	NAME	SANZARI, ANTHONY		
STREET ADDRESS	2485 EAST SUNRISE BLVD., SUITE 201A	STREET ADDRESS	2485 EAST SUNRISE BLVD., SUITE 201A		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		
TITLE	PTD <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PUMPER, SCOTT	NAME	PUMPER, SCOTT		
STREET ADDRESS	2485 EAST SUNRISE BLVD., SUITE 201A	STREET ADDRESS	2485 EAST SUNRISE BLVD., SUITE 201A		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		
TITLE	D <input type="checkbox"/> Delete	TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRISKIE, DAVID	NAME	BRISKIE, DAVID		
STREET ADDRESS	2485 EAST SUNRISE BLVD., SUITE 201A	STREET ADDRESS	2485 EAST SUNRISE BLVD., SUITE 201A		
CITY-ST-ZIP	FT LAUDERDALE, FL 33304	CITY-ST-ZIP	FORT LAUDERDALE, FL 33304		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZIMMERMAN, MICHAEL	NAME			
STREET ADDRESS	2485 EAST SUNRISE BLVD., STE 201A	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33304	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOLDBERG, GEOFFREY	NAME			
STREET ADDRESS	2485 EAST SUNRISE BLVD., SUITE 201A	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE, FL 33304	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>Anthony Sanzari</i> ANTHONY SANZARI COO				DATE: 4.30.08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # 954 4938900	