## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NA

## Secretary of State **DOCUMENT # S62147** 06-22-2006 90002 039 \*\*\*150.00 1. Entity Name CAFFE CAPPUCCINO, INC. Principal Place of Business Mailing Address 9005 N.W. 13 TERR. 9005 N.W. 13 TERR. MIAMI, FL 33172 MIAMI, FL 33172 3. Mailing Address 6335 NW 99 AVENUE Suite Ant # etc. Suite, Apt. #, etc. 06192006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For Doral, FL Doral 65-0291894 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired П 33178 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEHRMAN, JEFFREY E Street Address (P.O. Box Number is Not Acceptable) 2699 S BAYSHORE DRIVE SUITE 300D MIAMI, FL 33133 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\_ , Signature, typed or printed name of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the \$5.00 May Be Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD ☐ Delete Addition TITLE TITLE Change BLEEMER, SUSAN NAME NAME STREET ADDRESS 780 NE 69ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attactiment by the statutes are considered.

FILED

Jun 22, 2006 8:00 am

## 'Catering the Event"

By: Caffe Cappuccino

6335 NW 99 Avenue . Doral, FL 33178 40096651 #562147 Susan Bleemer

Phone: 305-593-CAFE (2233)

Fax: 305-599-1119

http://www.cateringtheevent.com

June 19, 2006

Divisions of Corporations PO Box 1500 Tallahassee, FL 32302

In regards to: Non-receipt of Annual Report Notice

To Whom It May, Concern:

I had requested a change of address form and did not receive it. The notice to file the annual report was therefore never forwarded to our new address. We have made the changes to the attached report. Please make a note in your records. Feel free to call me with any questions.

Thank you,

Susan Bleemer President

Caffe Cappuccino