


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |     |   |   |  |
|--|---|-----|---|---|--|
| <b>DOCUMENT # P04000049336</b>   |   |     |   |  |  |
| 1. Entity Name<br><b>A COFFEE BREAK GROUP INC.</b>   |   |     |   |   |  |
| Principal Place of Business<br><b>PO BOX 620795<br/>OVIEDO, FL 32765</b>   |   |     | Mailing Address<br><b>PO BOX 620795<br/>OVIEDO, FL 32765</b>  |   |  |
| 2. Principal Place of Business   |   |     | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.  |   |     | Suite, Apt. #, etc.   |   |  |
| City & State   |   |     | City & State  |   |  |
| Zip  | Country   | Zip | Country   | 4. FEI Number<br><b>04-3787721</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |     |   | Applied For<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>     |  |
| 5. Name and Address of Current Registered Agent  |   |     |   | 7. Name and Address of New Registered Agent                                       |  |
| <b>RODRIGUEZ, SOFIA<br/>3055 RIVER PLACE COVE<br/>#219<br/>OVIEDO, FL 32765</b>  |   |     |   | 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 <u><i>Sofia Rodriguez</i></u> <b>Sofia Rodriguez</b> <u>06-13-06</u><br><small>(Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>  |   |     |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 6, 2008</b>  |   |     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |   |  |
| 10. OFFICERS AND DIRECTORS   |   |     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>RODRIGUEZ, SOFIA<br>3055 RIVER PLACE COVE #219<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete     |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>GONZALEZ, FERNANDO<br>3055 RIVER PLACE COVE #219<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete  |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>GONZALEZ, MARIA<br>3055 RIVER PLACE COVE #219<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete     |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>GONZALEZ, SANDRA P<br>3055 RIVER PLACE COVE # 219<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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: <u><i>Sofia Rodriguez</i></u> <b>Sofia Rodriguez</b> <u>06-13-06</u> <u>800-566-0841</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |     |   |   |  |