

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011839

**Entity Name:** ESPRESSIVO, INC.**Current Principal Place of Business:**C/O JOHN WEATHERSPOON  
6173 CAMP LEE ROAD  
WEST PALM BEACH, FL 33417**Current Mailing Address:**C/O JOHN WEATHERSPOON  
6173 CAMP LEE ROAD  
WEST PALM BEACH, FL 33417**FEI Number:** 46-1642288**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRIGGS, CATHERINE  
21943 REMSEN TERRACE, #204C  
BOCA RATON, FL 33433 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**Title ARTISTIC DIRECTOR  
Name WEATHERSPOON, JOHN  
Address C/O JOHN WEATHERSPOON  
6173 CAMP LEE ROAD  
City-State-Zip: WEST PALM BEACH FL 33417Title PRESIDENT  
Name BRIGGS, CATHERINE  
Address 21943 REMSEM TERRACE  
APT. 204C  
City-State-Zip: BOCA RATON FL 33433Title VP  
Name BUTTERFIELD, BONNIE  
Address 3602 FAIRWAY DR  
City-State-Zip: JUPITER FL 33477Title SECRETARY  
Name ROBERTS, CARY  
Address 1133 7TH ST  
City-State-Zip: LAKE PARK FL 33403Title TREASURER  
Name SKINNER, CHRISTA  
Address 12758 OLD INDIANTOWN RD  
City-State-Zip: JUPITER FL 33478

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTA SKINNER

TREASURER

05/01/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date