

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90024 005 \*\*\*150.00

**DOCUMENT # F07000000280**

1. Entity Name  
**EXPRESSO MANAGEMENT INC.**



Principal Place of Business Mailing Address  
**C/O JEAN-CHARLES DIBBS, ESQ, SHUTTS & BOW** **C/O JEAN-CHARLES DIBBS, ESQ, SHUTTS & BOW**  
**201 S. BISCAYNE BLVD, SUITE 1500** **201 S. BISCAYNE BLVD, SUITE 1500**  
**MIAMI, FL 33131** **MIAMI, FL 33131**

**40058046**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042008 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-5585515**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI**  
**201 S. BISCAYNE BLVD**  
**SUITE 1500 (JCD)**  
**MIAMI, FL 33131**

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

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE CHRM ☐ Delete  
NAME GARFUNKEL, MATIS  
STREET ADDRESS 201 SOUTH BISCAYNE BLVD, SUITE 1500  
CITY-ST-ZIP MIAMI, FL 33131

TITLE P ☐ Delete  
NAME GARFUNKEL, MATIS  
STREET ADDRESS 201 SOUTH BISCAYNE BLVD, SUITE 1500  
CITY-ST-ZIP MIAMI, FL 33131

TITLE VCHR ☐ Delete  
NAME GARFUNKEL, MARIANA  
STREET ADDRESS 201 SOUTH BISCAYNE BLVD, SUITE 1500  
CITY-ST-ZIP MIAMI, FL 33131

TITLE V ☐ Delete  
NAME GARFUNKEL, MARIANA  
STREET ADDRESS 201 SOUTH BISCAYNE BLVD, SUITE 1500  
CITY-ST-ZIP MIAMI, FL 33131

TITLE S ☒ Delete  
NAME DE CARDENAS, ALBERTO  
STREET ADDRESS 201 SOUTH BISCAYNE BLVD, SUITE 1500  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **S Dibbs, Jean-Charles**  
STREET ADDRESS **201 S Biscayne Blvd, Suite 1500**  
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**Jean-Charles Dibbs**

**4/01/08**

**(305) 379-9192**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #