2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State
02-22-2006 90015 012 ***150.00

DOCUMENT # K66899

1. Entity Name
ESPRESSO IS PIACERE, INC.

Principal Place of Business	Mailing Address
1230 GATEWAY RD UNIT 6 LAKE PARK, FL 33403 US	4095 ILEX COURT PALM BEACH GARDENS, FL 33410 US

400104

01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1230 GATEWAY Rd	
Suite, Apt. #, etc. UNIT 3	Suite, Apt. #, etc.
City & State LAKE PARK, FL	City & State
Zip 33403 Country P.B.C.	Zip Country

4. FEI Number 65-0106120 ☐ 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
HUMPHREY, JAMES R 4095 ILEX COURT PALM BEACH GARDENS, FL 33410	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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUMPHREY, JAMES 1961 A WEST 9 ST RIVIERA BCH, FL	☐ Delete	P Humphrey, James 4095 ILEX COURT P.B.G., FL 33410	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HUMPHREY, ROSALIE A 4095 ILEX COURT PALM BEACH GARDENS, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HUMPHREY, ROSALIE A 1961 A WEST 9TH STREET RIVIERA BEACH, FL	☐ Delete	T Humphrey, ROSALIE A 4095 ILEX COURT P.B.G., FL 33410	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Rosalie Humphrey S/T ROSALIE Humphrey 2-10-06 561 845-1006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #