


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # K72788 1. Entity Name GAVINA COFFEE COMPANY	
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Principal Place of Business 8240 NW 68TH STREET MIAMI FL 33166	Mailing Address 8240 NW 68TH STREET MIAMI FL 33166
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0111690
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

GAVINA DELVALLE, ESTHER
8240 NW 68 ST
MIAMI FL 33166

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete GAVINA, FRANCISCO M 2700 FRUITLAND AVE VERNON CA 90058
TITLE	D <input type="checkbox"/> Delete GAVINA, PEDRO L 2700 FRUITLAND AVE VERNON CA 90058
TITLE	D <input type="checkbox"/> Delete GAVINA, JOSE A 2700 FRUITLAND AVE VERNON CA 90058
TITLE	D <input type="checkbox"/> Delete GAVINA, LEONOR M 2700 FRUITLAND AVE VERNON CA 90058
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<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 Section 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: *Pedro Gavina* **PEDRO GAVINA** **2/27/06** **323-582-067**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #